PHYSICIANS should state D. Every item of infor-

stated EXACTLY.

AGE should be

properly classified.

TION is very important. See instructions on back of certificate.

Exact statement of OCCUPA.

CTATE OF MADVIAND_CEDTIFICATE OF DEATH

1	. PLACE OF	FDEATH	DE MIAK	ILAND	CERTIFICATE OF DEATH	12
		9	ander.	Lwitnin	the Corporate Hints Posistration Dist No.	2
17.	County		- 0	>	Registration Dist. No.	0.
	Village or C	ity Ired	eseen	4 (If	death occurred in a hospital or institution, give its NAME instead of street	ward number)
	Length of resid	dence in city or town where	death occurred		ds. (How long in U.S. if of foreign birth?yrs	
2	. FULL NAI	ME Claren	re a	halt.	of U. Sypteran, specify WAR	ue_
	(a) Resident	ce: No.	0 7	o deter	wst. M.D. Ward. Face 12	
proprie	(4)	•••••••••••••••••	(Usual place	of abode)	Al nonresident give city or town	and State
		AL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATI	4
3. 5		4. COLOR OR RACE		RRIED, WIDOWED, D (write tha word)	21. DATE OF DEATH	
n	rale	White	larri		O-C T (Month) (Day)	193 (Year)
5a.	If married, widows				**************************************	
	(or) WIFE of	LOLA E.	. Ahalt		22. I HEREBY CERTIFY, That I atten	7 /
	ATE OF BIRTH	month day and years. A s	anat n	107%		death is said
7. /		month, day, and year) 1	Days	If LESS than	to have occurred on the date stated abova, at 430fm.	- 7- Sucatil is said
	63	2	12	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance	
-		ssion, or particular	1 +~	ormin.	were as follows:	Date of onset
ON	kind of w	ork done, as SPINNER, BODKKEEPER, etc	Farmer		11000	Set o
OCCUPATION					pronuncia	1.2
5	Work was SAW MIL	business in which s done, as SILK MILL, L, BANK, etc				
Ö		ed last worked at	11. Total t	time (years)	2 1 4	
	year) _1	135 Septem	cer occ	nt in this 36	Dither Contribution Corpes to Interesting lied	
12.	BIRTHPLACE (cit	ty or town)_lliddle	etown.lid	•	MI IN IN A	
	(Stata or coun				Hastola rother nortal	e
ER	13. NAME]	lathias S.	Ahalt		Meri merlintie Ro	cess
FATHER	14. BIRTHPLACE	(city or town) Midd	letown.	11d .	Name of operation Instalectoring Date	of Sent DO
-	(State or	country)			What test confirmed diagnosis? Was there	an autopsy? 200
MOTHER	15. MAIDEN NA	ME Martha J	. Sheffe	r	23. If death was dua to external causes (VIDLENCE) fill in also the follo	wing:
0	16. BIRTHPLACE	(city or town) Ilidd	letown.	IId.	Accident, suicide, or homicide? Data of injury	19
E	(Stata or				Where did injury occur?	
17.	INFORMANT	Lola E. ah	n1t		(Specify city or town, county and Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	State) C PLACE.
	(Address)	Isiddl town	a. Md.		•	
18.		IDN, DR REMDVAL	3 3 6 4	00 76	Manner of Injury	
	Place_LUT	h, Cemalii	La Date UCE,	22, 19.00	Nature of Injury	
19.	UNDERTAKER G	la ähill Cor	mpany		24. Was disease or injury in any way related to occupation of deceased	no
	(Address)	Middletow			If so, specify	
20	EUED 22-0	Od. 1920. 0	u to he	Elindy.	(Signed) Hone	M. D.
20.	115054-636-73			Registras	(Address) Alden	ch wed
		If more	e blanks are needed,	address State Registrar,	2412 N. Charles Street, Baltimore, Requesting U. S. No. 1.	/

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset 1 week ago
Arteriosclerosis	1915	Attack of epilepsy	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

PHYSICIANS should state . Every item of infor-Exact statement of OCCUPA-AGE should be stated EXACTLY. UNFADING INK-THIS IS A PERMANENT properly classified. TION is very important. See instructions on back of certificate. pe CAUSE OF DEATH in plain terms, so that it may mation should be carefully supplied. N. B.—WRITE PLAIN

1. PLACE OF DEATH	23		
County Frederick.	Registration Dist. No. 139		
Village or City State Sanatorium, M			
	NO. St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) nos		
2. FULL NAME Alphonso L. Bachoola	If U. S. Veteran, specify WAR		
Name of the contract of the co	Chase, WardMontgomery Co. Maryland. If nonresident give city or town and State		
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX 4. COLOR OR RACE S. SINGLE, MARRIED, WIDOWED OR DIVORCED (write the word) Single			
5a. If married, widowed, or divorced HUSBAND of			
(or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from Aug. 28 ,19 36, to Oct. 17 ,1936		
C DATE OF BURTH (month day and man) To be Q1 1000	I last saw h. im alive on Oct. 17, 19.36; death is seid		
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS that			
37 8 26 1 day,	The PRINCIPAL CAUSE OF DEATH and related causes of importance		
No Trade profession or particular	were as follows:		
kind of work done, as SPINNER, Butler			
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and	Pulmonary Tuberculosis Feb.		
SAW MILL, BANK, etc	1936		
this occupation (month and year) year) year) year) 11. total time (years) spent in this occupation 6 Yr			
	Other Coutributory Causes of importance:		
12. BIRTHPLACE (city or town) (State or country) Philipine Islands	Tuberculous Laryngitis		
	Tubsi en long Lai yngi bis		
13. NAME Catalino Bachoola 14. BIRTHPLACE (city or town)	Name of operation		
(State of country) Philippine Islands	What test confirmed diagnosignest X Ray Was there an autopsy? no.		
15. MAIDEN NAME Thomasa Labro 16. BIRTHPLACE (city or town) (State or country) Dhilining Talands	23. If death was due to external causes (VIOL ENCE) fill In elso the following:		
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury, 19		
State or country) Philipine Islands	Where did injury occur? (Specify city or town, county and State)		
17. INFORMANT Alphonso L. Bachoola (Address) Chevy Chase, Md.	Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury		
Place Thurmont, Md. Dete Oct. 20,193	6- Nature of injury		
19. UNDERTAKER M.L. Creager	24. Was disease or injury in any way related to occupation of deceased?		
(Address) Thurmon Md.	If so, specify		
20. FILED 1 12 19 19 19 19 19 19 19 19 19 19 19 19 19	(Signed) Activate 8 / Anappe M. D.		
Registrar	(Address) Lale Aana William KM		

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
NOV 6 1935				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
		4		

V. S. No. 1

		STATE OF	MAR	/LAND-	CERTIFICATE OF DEATH	2ane 10332
1	L. PLACE OF	DEATH			94.0	2
	County	Frederick			Registration Dist. No.	2
	Village or Ci	ityh. Frederic	k		No. I O. O. T. Howe st	Ward
		dence in city or town where deat		(If	death occurred in a hospital or institution, give its NAME instead of street a	
						_11105us.
2		we James Har			Veteran, specify WAR NONE	
	(a) Resident	ce: No. I.O.O.F.	Home (Usual place of	Fred, Md		
		AL AND STATISTIC			MEDICAL CERTIFICATE OF DEATH	
3.	SEX	4. COLOR OR RACE 5.	OR DIVORCED	tlED, WIDOWED, (write the word)	21. DATE OF DEATH October 23.	102 6
	Male	White		ngle	October 23, (Month) (Day)	(Year)
5a.	. If merried, widow HUSBAND of (or) WIFE of	ed, or divorced			22. 1 HEREBY CERTIFY, That I attend	led deceesed from
	DATE OF BIRTH	month, day, and year) Ma	rch 24	1969	0/23	6 : death is said
-	AGE Yea	27.0.00	Days	If LESS than	to have occurred on the date stated above, at 5:00 A.M.	
	00		29	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	1
_	68 Trede, profes	ssion, or particular	1	1 01 111111.	were as follows.	Date of onset
0	kind of w	ssion, or particular ork done, as SPINNER, BODKKEEPER, etc	abane	1	angra Vilons	Och 23
OCCUPATION	9. Industry or	business in which			7 8	
C		done, as SILK MILL, L, BANK, etc	1 11 Tabalai		and the state of t	
ŏ	this occup	ed last worked at pation (month end) 9 3 5	11. Total ti	t in this H5		
	year)		- [000	pation	Other Coutributory Causes of importance:	
12	. BIRTHPLACE (cit		land			
œ.	13. NAME	3	Baldwi		Court scene	
FATHER		William H.				
	(State or	()	ington Md.		Neme of operation Date of What test confirmed diegnosis? Class and was there	en autopsy? 10
MOTHER	15. MAIDEN NA	me Naomia Ba	ldwin		23. If death was due to external causes (VIOLENCE) fill in elso the folio	wing:
OT	16. BIRTHPLACE	(city or town) Dar	lingto	n	Accident, suicide, or homicide? Date of injury	, 19
Σ	(State or	country)	Md.		Where did injury occur?(Specify city or town, county and	State)
17	(Address)	I.Q.Q.F. Hom	e Reco	rds	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC	PLACE.
18	BURIAL, CREMAT	IDN, OR REMOVAL Hal	rre de	Grace, Md	Manner of injury	*****
	Place. An	gel Hill Cem.	Date Oct	26,,19.36	Neture of Injury	
19	O. UNDERTAKER - (Address)	M.R.Etchison Frederick.Mo	-& Son	L	24. Was disease or injury in any way related to occupation of deceased	, hs
20	, FILED 24-Q	J. 1936- Dra	F.m.C	undy	(Signed) A. Gustin Tearry	M. D.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Registrer

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Other contributory causes of importance:	1	Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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stated EXACTLY. properly classified.

AGE should be

certificate.

See instructions on back of

CAUSE OF DEATH in plain terms, so that it may

FION is very important.

mation should be carefully supplied.

V. S. No. 1 m ż pe

PHYSICIANS should state

of OCCUPA-

Exact statement

STATE OF MARYLAND—CERTIFICATE OF DEATH 10333

County Frederick	Designation Did No. 144
	Registration Dist. No. 177
Village or City Near Lewistown	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	
2. FULL NAME John Martin Luther Baug	
(a) Residence: No. Lewistown • Out S. (Usual place of abode)	1de., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	October. 13th. 193693
Male White Married.	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY. That I attended deceased from
(or) WIFE of Ida Poole	341-18" 1936 to Oct -18" 1986
6. DATE OF BIRTH (month, day, end year) Dec. 16th. 1866	I last saw h ma alive on Os 1-12 , 1986; death is seice
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 8 A: m
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
69 9 27 ormin.	were as follows: In our dutersulial hypertes Pate of onset
Kind of work done, as SPINNER, Farmer	Carolina 1934
Industry or business in which	and fearming 19935
kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked at this occupation (month and) and Table 11. Total time (years) spent in this	
2 10. Date deceased last worked at 11. Total time (years)	
this occupation (month and ept. 34 spent in this 45 year)	
Lewistown.	Other Contributory Causes of Importance:
12. BIRTHPLACE (city or town) (State or country)	
13. NAME John D. Baugher	
I.ewistown.	
14. BIRTHPLACE (city or town)	Name of operation
	What test confirmed diagnosis 30/4/5 Section Westhere an autopsy?
	23. If death wes due to external causes (VIDLENCE) fill in also the following:
	Accident, suicide, or homicide? Date of injury19
∑ (Stete or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Mrs John. M.L. Baugher	Specify whether injury occurred in INDUSTRY, In HDME, or In PUBLIC PLACE.
(Address) Thurmont. MD	
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury
Place Lewistown. Date Oct. 15th 36	Nature of injury
19 UNDERTAKER M. L. Creager & Son.	24. Was disease or injury In any way related to occupation of deceased?
(Address) Thurmont. MD	If so, specify
Opt. 14 2/2 0 - 121 Chance	(Signed) Morris Usuely M. [
20. FILED Cer. 17, 1936 Conna M. Fores.	(Address) Thurmout - Md.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Chronic interstitial nephritis 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	July 5,19	Peritonitis	3 days ago
OUREAU V.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,19	23 Gastroenteritis	1 year

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	210-2 13
County Frederick.	Registration Dist. No.
Village or City Inderich and	ND. Succession City Topos St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsmos.	
(a) Residence: No. 3 10 10 : West (Usual place of abode)	St., 1 Ward. A nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Teer)
5a. If married, widowed, or divorced HUSBAND of	22. HEREBY CERTIFY. That, I attended deceased from
(or) WIFE of	OW 25, 1936, 10 OW 26, 1936
6. DATE OF BIRTH (month, day, and year) Cycli 22-1924	I last saw h. ha. alive on ON 26, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the dete steted above, at 1 2 m.
12 4 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	In hu abdomial Hemorluge
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 10. Date deceased last worked at this occupation (month and year) occupation	Perferated Viscers Oct
12. BIRTHPLACE (city or town) - April (Stata or country)	Other Contributory Canses of importance:
13. NAME 14. BIRTHPLACE (city or con)	Name of operation 2002 Date of
(Stata or country)	What test confirmed diagnosis?
15. MAIDEN NAME Paulale d. Smalthon	23. If death was due to external causes (VIOLENCE) fill In also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
17. INFORMANT James E. Barglier	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Proper 1 1000 - Lange	Manner of injury leuko leaculgu f Nature of injury franka a ab doman
19. UNDERTAKER M. R. Ottorigu & Sour (Address) Hieraricka Mark	24. Was disease or injury In any way related to occupation of decaased?
20. FILED 26-Q. A., 19 36. Dre J. M. Schroling. Registration	(Signed) M. D. (Address) File Relief Ling)

100

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	1	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 5 1936	July 5,1927	Peritonitis	3 days ago
OTHER V. S			
Other contributory causes of importance:		Other contributory causes of importance:	1
Gallstones	May 1,1923	Gastroenteritis	1 year

Exact statement of OCCUPA.

mation should be carefully supplied. AGE should be stated EXACTLY. -WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND	CERTIFICATE OF DEATH 10335
1. PLACE OF DEATH	no corporate units. 95%
County Frederick	Registration Dist. No.
Village or City Frederich = F	noderich C. tu Hooffertal war
(1)	death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	sds:
2. FULL NAME X SWYD 20	ryer o
(a) Residence: No. /// East Pakelly C	Ost, Ward not a weleran
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
Male While married	(Month) (Day) (Year)
a. If married, widowed, or divorcad HUSBAND of	22. JHEREBY CERTIFY. That I attended deceased from
(OF) HITE OF Laura Virginia Trila	22. HEREBY CERTIFY, That I attended deceased from
Dan 3 1851	lest saw ham alive on October 1/ 1936 deeth is sei
5. DATE OF BIRTH (month, day, end year) 100 C	I lest saw h
70 10 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
ormin.	were as follows: Date of ones
Trade, profession, or particular kind of work done, as SPINNER, Returned R. R. Clark	felst.
SAWYER, BDDKKEEPER, etc	foch 1021
work was done, es SILK MILL, confectionary	
kind of work dona, as SPINNER, delivery SAWYER, BDDKKEPER, etc. J. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased last worked et this occupation (month end spant in this spant in this spant in this	
year)	
12. BIRTHPLACE (city or town) Frederick	Other Contributory Causes of Importance:
(State or country) many land	Il server as reaschmation
13. NAME / St name unkelow) Bouser	
13. NAME / & name unkerform Bayer 14. BIRTHPLACE (city or town) I redemily	Name of operation Date of
(State or country) Then land	What test confirmed diagnosis? Was there an autopsy? MA
15. MAIDEN NAME Elizabeth Smith	23. If deeth was due to external causes (VIDLENCE) fill in elso the following:
15. MAIDEN NAME Elizabeth Smith 16. BIRTHPLACE (city or town) rederich	Accident, suicide, or homicide?
16. BIRTHPLACE (city or town) (State or country) Man land	Where did injury occur?
for Y/Band	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE.
17. INFDRMANT (Address) 10 den to 7.	Specify whether injury occurred in Introduct, in nome, or in Foblic Place.
18. BURIAL, CREMATION, DR REMOVAL	Manner of injury
Place my. Oliver Date 10/13 , 1936	
76 86 78	
19. UNDERTAKER May C. Clark Coo	24. Wes disease or injury in any way related to occupation of deceased?
(Address) I pedenty ma	If so, specify Will Can ball to hissen
	(Signed) / M.
20. FILED & -Q Ch., 19 DO.	(Address) FRadelich Mid

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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	Example I	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	FIVED	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage	OCT 26 1936	July 5, 1927	Peritonitis	3 days ago
	BUREAU V. S.			
Other contributory	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1	
4)	
/	
_	
No.	
F4	

			OF MARY	YLAND—	CERTIFICATE OF DEATH	F033
	L. PLACE OF DEA		Within th	e Counties H	82-0	51
	County Frede				Registration Dist. No.	<u> </u>
	Village or City Fr			(1)	No. 437 W. South St, death occurred in a hospital or institution, give its NAME instead of street and	number)
	Length of residence in a	ity or town where	death occurred2	$\Omega_{ ext{-yrs}}$ mos	ds. How long in U.S. if of foraign birth?yrsn	nos
2	2. FULL NAME			D	IPUS. Veteran, specify WAR None	
	(a) Residence: No.	437 W.	South (Usual place o	Sahada A O	St. Ward. If nonresident give city or town an	d State
	PERSONAL AN	D STATIST			MEDICAL CERTIFICATE OF DEATH	d Diate
		or or race	5. SINGLE, MARR OR DIVORCED	(write the word)	21. DATE OF DEATH October 16th,	, 193_6_ (Year)
5a.	If marriad, widowed, or div HUSBAND of (or) WIFE of Li		Wachter		22. I HEREBY CERTIFY, That I attanded	d deceased f
6.	DATE OF BIRTH (month, da	y, end yaar) A	pril 19,	1856	Hast saw h_im alive on Friday Oct 16,19 30	; death is
7.	AGE Yaars	Months	Days	If LESS than 1 day,hrs.	to have occurred on the date stated above, et3_Pm.	
	80	5	27	ormin.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importance were applicable. Caralytic Stroke	Date of or
OCCUPATION	SAWYER, BOOKKE 9-Industry or business is work was done, es SAW MILL, BANK, 10. Date deceased last we this occupation (me	, as SPINNER, EPER, atc		me (years)	Afgreling Right sede	70/4
12.	BIRTHPLACE (city or town (State or country)	5. 2000		pation	Other Contributory Causes of importance:	
ER.	13. NAME Lawr	ence Be	ntzint		2A - D - O-TI	75
FATH	14. BIRTHPLACE (city or t (Stata or country)	own)Germa	any		Nama of operation	autopsy?_?
15. MAIDEN NAME Ann Sophia Tombright 16. BIRTHPLACE (city or town). (State or country) Maryland				ubright	23. If death was due to external causes (VIOLENCE) fill In also the following Accidant, suicide, or homicide? Date of Injury Where did injury occur?	ng: , 19
17.	INFORMANT Marga (Address) Fred	ret L. erick,	Bentz		(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PI	ate) LACE,
18.	BURIAL, CREMATION, OR Place Freder	removal Mt ick, Md	Olivet	Cem 9, 19.36	Mannar of Injury	
19.	10 A 11		Son &		24. Was disaase or injury In any way raleted to occupation of deceased? If so, spacify (Signad) Symbol Symb	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Example I		Example II	
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Chronic interstitial nephriles	1921	Run over by street car	1 week ago
NOV.	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FU	JRTHER STATEMENTS	BY	PHYSICIAN
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S. No. 1

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STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH plnods Within the Corporate Hullia County Frederick Registration Dist. No. Village or City Frederic (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 86 vrs mos. ds. How long In U.S. if of foreign birth? vrs. mos. PHYSICIANS If U. S. Veteran, specify WAR___NONE 2. FULL NAME William Cramer (a) Residence: No. 434 N. Market Bt. (Usual place of abode) If nonresident give city or town and State Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH 4. COLOR OR RACE OR DIVORCED (write tha word) October Male White Nidower (Month) (Yaar) classified. H 5a. If married, widowed, or divorced HUSBAND of TIFY. That I attended deceased from (or) WIFE of Laura Virginia 田 certificate. 6. DATE OF BIRTH (month, day, and yeer) properly 7. AGE If LESS than to have occurred on the date stated above. at _ 6 : 30 mA Years Months Days stated I day hrs. The PRINCIPAL CAUSE OF DEATH and related causes of importence 14 86 or min. were as follows: Date of onset 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.___ OCCUPATION he Jo Clerk back may should 10. Date deceased lest worked at this occupation (month end 11. Total time (years) spent in this on AGE that occupetion _ __. instructions Contributory Causes of Importance 12. BIRTHPLACE (city or town) Maryland (State or country) supplied. terms, FATHER lliam Birely 13. NAME See 14. BIRTHPLACE (city or town) plain (State or country) carefully MOTHER important. 15. MAIDEN NAME Roseama 23. If death was due to external causas (VIOLENCE) fill in also the following: in Accident, suicide, or homicide?_______ Dete of Injury________19. OF DEATH 16. BIRTHPLACE (city or town) (State or country) Maryland should be (Specify city or town, county and State) Miss Rose Birely 34 N. Market St. Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. very 18. BURIAL, CREMATION, OR REMOVAL Frederick, Md. Manner of injury rion is Cem. Date Oct 2619 36 ation Nature of injury. 24. Was disease or injury in any way related to occupation of daceesed?. M.R. Etchison & Son 19. UNDERTAKER Frederick. Md If so, specify (Address)

If more blank are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

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Chronic interstitial nephritishing 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

V. S. No. 1

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BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CO.D. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.	3 3 5 5 6 7 7 NOITEMAN 2 2 3 HILL WAR 1 1 1 1 1 1 1 1 1 1 1 1
WRITE PLAIN	nation should be	CAUSE OF DEA	fION is very im	1
B.	T	400	7	-

			F MAR	YLAND-	CERTIFICATE OF DEATH	1033	
1.	1. PLACE OF DEATH County Frederick				93-0		
					Registration Dist. No.	o 1	
	Village or City_F			(If	No. Frederick Co. Emg. Hospit. death occurred in a hospital or institution, give its NAME instead of street and no	mber)	
				yrsmos	.22_ds. How long in U.S. if of foreign birth?yrsmos	ds.	
2	(a) Residence: No.	Mr. In	(Usua)plac		St., Ward. Nr. McKaig, Md. If nonresident give city or town and S	tate	
	PERSONAL A		CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
3. S		ite	5. SINGLE, MA OR DIVORC MARY 1.	RRIED, WIDOWED, ED (write the word)	21. DATE OF DEATH October 2] (Month) (Day)	193_6 (Year)	
5a.	If married, widowed, or di HUSBAND of (or) WIFE of La	vorced ura Haug	h		22. I HEREBY CERTIFY, That I attended d Sept. 29, 1936, to Oct. 21,		
6 F	ATE OF BIRTH (month, o	and wear Apr	11 26,	1861	Hast saw h er alive on Oct 21, 1936		
7. A		Months	Days	If LESS than	to have occurred on the date stated above, at 7 • 30 A m.		
1	75	5	25	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset	
OCCUPATION	Trade, profession, or kind of work don SAWYER, BODKK		armer		Chronic Myosarditis	Ynie 10	
JPA	Industry or business work was dona, a SAW MILL, BANK	s SILK MILL.				30	
220	10. Date deceased last we this occupation (nyear)	vorked at 4/36	11. Total	time (years) 85 cupation			
12.	BIRTHPLACE (city or tow (State or country)	_{n)} Maryla	nd		Other Coutributory Causes of importance:		
ER	13. NAME Pete	r Boyer					
FATHER	14. BIRTHPLACE (city or (Stata or country	town) Maryl	and		Name of operation Date of What test confirmed diagnosis? Was there an au	itopsy 20	
ER	15. MAIDEN NAME	atherine	Wiles		23. If death was due to external causas (VIOL ENCE) fill in also the following:		
MOTHER	16. BIRTHPLACE (city or (State or country		yland		Accident, suicide, or homicide?		
17. INFORMANT Mr. Harry M. Boyer, (Address) Frederick, Md. R. D.			Boyer	.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.		
18.	BURIAL, CREMATION, DR	REMOVAL		t. 23, ₁₉ 36	Manner of injury		
19.	UNDERTAKER M. R		on & S	on	24. Was disease or injury in any way ralated to occupation of deceased? 24.	D	
20.	FILED 2 O.J.	, 1956. Dr	a Jini	Curdinary Registrary	(Signad) BOOhoraa (Address) Frederick,	M. D	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
NOV 5 1936			
Other contributory causes of importance:	- Cape	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
	<u> </u>		

Fallstones		May 1,1923	Gastroenteritis		1 year
1967				4	The state of the state of
	ADDITIONAL SPACE	FOR FURTH	ER STATEMENTS BY PHY	SICIAN	
	ADDITIONAL SI ACE	FOR FURTH	ER STATEMENTS DI TITI	SICIAIN	

PHYSICIANS should state Exact statement of OCCUPA-

properly classified.

See instructions on back of certificate.

TION is very important.

1. PLACE OF DEATH	
County Frederick	Registration Dist. Np.
Village or City Montenue 6	margen and Hosp. St. Ward
Length of residence in city or town where death occurredy	(If death occurred in a horpital of institution, give its NAME instead of street and number) rsmosds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Baly Bay (a) Residence: No. Dickers	Bracon Outerly) ero weteron
PERSONAL AND STATISTICAL PARTICUL	in montesident give city of town and State
3. SEX 4. COLOR OR RACE 5. SINGLE MARRIED, OR DINORCED (1007)	widowed, be the word) 21. DATE OF DEATH 21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY. That I attended deceased from
() (£) (() 1d	I last saw h Staffve on 19 ; death is said to have occurred on the date stated above, at 1 m. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Date of oneset Still liver (29) CTransition feet 29
12. BIRTHPLACE (city or town) Areserveds (State or country)	Dther Contributory Causes of importance:
13. NAME Tarly Brawn)
13. NAME 1 arky Brawn 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country) 17. INFDRMANT (Address) Montehul Joseph	23. If death was due to external causes (VIOLENCE) fill In also the following: Accident, suicide, or homicide?
18. BURIAL CREMATION, DR REMOVAL Place Nontenan Date 3 (- Oc.	Manner of Injury
19. UNDERTAKER M. DI Selfee Suf (Address) France Company	24. Was disease or injury in any way related to occupation of deceased? 200 If so, specify
20. FILEBUS - OLA, 1936 ASSINGUE	(Signed) M. D. Registrar. (Address) ITE deruck m. D.

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Arterioselerosis 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial haphritis NOV 3	1921	Run over by street car	1 week ago	
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:	1757.113	
Gallstones	May 1,1923	Gastroenteritis	1 year	
	1			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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STATE OF MARYLAND-	-CERTIFICATE OF DEATH 10340
1. PLACE OF DEATH	
County County Thomas	he Corporate Limite: Registration Dist. No.
Village or City Lacket	No. 105 E. F. Ward
Length of residence in city or town where death occurred 50yrsm	If death occurred in a horpital or institution, give its NAME instead of street and number) osds. How long its s. if of foreign birth?mosmosds.
2. FULL NAME Banbar	a a. Rimas
(a) Residence: No. 1.05 & Fulfi	D Ct Ward Ward
(Usual place of abode)	Lio dou de la nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Samuel E. Durras	22. HEREBY CERTIFY. That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jacob 8-1854	I lest saw h Walive on Oct 2/11, 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3 30 A 713
82 9 4 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Returned	Arteres selennis 10
SAWIER, DOURNEEFER, SIG.	7913
9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc.	
10. Date deceased last worked at 1930 11. Total time (years)	
year) occupation	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town) white will	Condia Renal chimase
(State or country)	
II 13. NAME To hu H. Faubly	
4 14. BIRTHPLACE (city or town) (State or country)	Name of operation Dete of
15. MAIDEN NAME Mary and Brumes	What test confirmed diagnosis?
E CONTRACTOR OF CONTRACTOR	Accident, suicide, or homicide?
S 16. BIRTHPLACE (city or town)	Where did injury occur?
17. INFORMANT Charles Burrosch	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Place ont ource Date Oct 25, 1931	Nature of injury
19. UNDERTAKER 6. E. Clinet Ton (Address) Frederica med	24. Was disease or injury In any way related to occupation of deceased?
20. FILE 22- On, 196 American Registrar.	(Signed) (Address) Frederick Mill
If more blanks are needed, address State Registra	er, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 5 1936	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance;		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
			100

ADDITIONAL SI	PACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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)	N. BWRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT F.COMD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	1	
	CON	Y. PHY	Exact s		- 3
NDING	MANENT	XACTL	classified.		1 40
FOR BI	IS A PEF	tated E	roperly	ertificate.	7
V.S. No. 1	IK-THIS I	should be s	t may be p	TION is very important. See instructions on back of certificate.	1 1 1 1 1 1 2 2
GIN RES	ADING IN	ed. AGE	is, so that i	tructions or	1
MAR	TH UNF	ly suppli	lain term	See ins	FATHER
	NLY, WI	be careful	ATH in p	nportant.	MOTHER
)	E PLAI	should !	E OF DE	is very in	1
1 .0%	WRIT	mation	CAUSI	TION	I
, ,	N. H	1		1	2

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 1034
1. PLACE OF DEATH	
County Frederick	Registration Dist. No.
Village or City Mauleville	No Conergency Hoggittal W
Length of residence in city or town where death occurredyrsmos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?
2. FULL NAME Harry For au plice (18	Supplied Of The Mothers
(a) Residence: No. Frederick Mid. (Usual place of abode)	R. Fr. II 3. Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Letober 8 193 6
5a. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND of Mary E. Burrier.	22. I HEREBY CERTIFY, That, I attended deceased f
6. DATE OF BIRTH (month, day, and year) May 2.4 1878	
7. AGE Years Months Days If LESS than	I last saw ham alive on , 1936; death is to have occurred on the date stated above, at 12 2 mm.
584rs. 4 14 1day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
R Trade profession or particular	were as follows:
Trade, profession, or particular kind of work done, as SPINNER, Frammer, SAWYER, BOOKKEEPER, etc.	Sarconia of Largue 193:
Kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc Fr armer. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked at this pecupation (month and	
To. Date deceased last worked at this occupation (month and year) spent in this occupation occupation	
12. BIRTHPLACE (city or town) Frederick Co.	Other Contributory, Canses of Importance: Justle 1936
(State or country) Md.	
14. BIRTHPLACE (city or town) Fired exists Co.	
[State or country]	Name of operation Thankstony Date of Jan -19
	What test confirmed diagnosis? Muchania Was there an autopsy?
I Carment vourie	23. If death was due to external causes (VIOL ENCE) fill in also the following:
O 16. BIRTHPLACE (city or town) Fred wife Co. (State or country)	Accident, suicide, or homicide?, 19
17. INFORMANT Miss afeloberger, mystemer	Where did Injury occur?(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Forederick Md	
Place St. Johns Cem Date Oct. 12, 1936	Manner of injury
19. UNDERTAKER Comad Fungal Home (Addiess) Redeich md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED O O J - , 19 30 - 20 - 20 - 20 - Registrer.	(Signed) Trans allowithington M (Address) Fullwick - history
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Balsimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	11	Example II				
The principal cause of death and related causes of importance were as follows	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset			
Arteriosclerosis	1915	Attack of epilepsy	1 week ago			
Chronic interstitial nephritis NOV 5	1921	Run over by street car	1 week ago			
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago			
RIPEAU						
Other contributory causes of importance:		Other contributory causes of importance:				
Gallstones	May 1,1923	Gastroenteritis	1 year			

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA.

1. PLACE OF DEATH	(31)
County Frederich	Registration Dist. No. /3 12
Village or City : Lacust Valley	No. St., Ward
Length of residence In city or town where death occurredyrs. 52_mos	death occurred in a hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foraign birth?
2. FULL NAME Verna to Butts	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Oct //
5a. If married, wildowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Clarence & Butts	22. I HEREBY CERTIFY, That I attanded deceased from 1934, to Oct 9 1936
6. DATE OF BIRTH (month, day, and year) awg 24 1879	I last sow h.e.) allve on Oct 9 , 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at 3.300m.
5-4 0 18 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance ware as follows:
8. Trade, profession, or particular kind of work done, as SPINNER,	
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc Househelper 9. Industry or business in which work was done as SILK MILL	Chronic repliratio 1933
work was dona, as SILK MILL, SAW MILL, BANK, etc. 1D. Data deceased last worked at this occupation (month and company in this	
D ID. Data deceased last worked at this occupation (month and spent in this occupation)	
year) Secupation (minimal & mu) occupation 34 year	Dther Contributory Couses of importance:
12. BIRTHPLACE (city or town) LIMPAUTANTILE (State or country) To a had be not	
The state of the s	
13. NAME Wantl Shahrbach 14. BIRTHPLACE (city or town) Burhitts villa	
14. BIRTHPLACE (city or town) Substitute will (State or country)	Name of operation 2000 Date of
- THE TANKEL	What test confirmed diagnosis? Was there an autopsy?
E museh ille	23. If death was due to external causes (VIDL ENCE) fill in also the following: Accident, suicide, or homicide?
State or country)	Where did injury occurs A
17. INFORMANT Clarence IS Butte Hurba	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Burluttsville mcl	
18. BURIAL, CREMATION, DR REMOVAL	Manner of Injury 22001
Placa - Locust waster Date le 1-1-14, 1936	Nature of injury
19. UNDERTAKER Blackhild Ted	24. Was disease or injury in any way related to occupation of deceased? Zeo
(Address) Pricelletizen Mad	If so, specify
20. FILED Set 13, 1936 D Frayaon Samer	(Signed) Almen Harp M.D. (Address) Weiddle Harm
Kegistrar.	" (nuuross) / Luanuu

STATE OF MARYLAND—CERTIFICATE OF DEATH

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I Example II The principal cause of death and related causes The principal cause of death and related causes Date of onset Date of onset of importance were as follows: of importance were as follows: Arteriosclerosis 1915 Attack of epilepsy 1 week ago Chronic interstitial nephritis 1921 Run over by street car 1 week ago Cerebral hemorrhage Julu 5.1927 Peritonitis 3 days ago Other contributory causes of importance: Other contributory causes of importance: Gallstones May 1,1923 Gastroenteritis 1 year

TION is very important. See instructions on back of certificate.

STATE	OF	MARYI	AND-	CERTIFIC	CATE	OF	DEATH
91/11				OFILIT IN	-/ 1 1 h		

-4	0	0	-6	1)
1	U	3	4	0

1	. PLACE O	F DEA	TH				10010
	County		Freder	rick.		Registration Dist. No. 1	39
	Village or C	ity	State.	Sanato	rium, Md:	No	Ward
					(11	f death occurred in a hospital or institution, give its NAME instead of street as 4 ds. How long in U.S. If of foreign birth?yrs	nd number)
	. FULL NA			M. Byv		If U. S. Veteran, specify WAR	
	(a) Residen			-			rvland•
	(a) Residen	ce. No	center.	(Usual pla	ce of abode)	easent, Praince George, Co. Mar	and State
			ID STATIST			MEDICAL CERTIFICATE OF DEATH	
	emale		n or race	5. SINGLE, MA OR DIVORCE Mari	ARRIED, WIDOWED, CED (write the word) CIED	21. DATE OF DEATH OC t	, 193_6 (Year)
-	If merriad, widow HUSBANO of	ed, or dive	orced				
	(or) WIFE of		Lyle	P. Byv	vaters	22. I HEREBY CERTIFY, That I attand	
6.	DATE OF BIRTH	month, da	y, and year)	Sept 2	20 1904	I last saw h er aliva on Oct 2 , 19	
7.	AGE Yea	rs	Months	Oays	If LESS than	to have occurred on the date stated above, et 12.40 mP. M.	
4	3	2	0	12	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causas of importance ware as follows:	Oate of onset
Z	Trade, profa	ssion, or p	articular as SPINNER, EPER, etc	TT - 2 3			Oate of onset
TIC				Hairdre	esser	-	
UPA	S Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc			Pulmonary Tuberculosis	June		
OCCUPATION	10. Date deceas	ed last wo	rked at	11. Tota	I tima (yaars)		1934
_	yaar)	pation (rp.	ct. 193	5	pant in this Yrs.	Other Coutributory Causes of importance;	
12.	BIRTHPLACE (ci	ty or town)				Other Countries Causes of Importance,	
-	(State or cour	ntry)	V	irginia	3	Tuberculous Laryngitis	
FATHER	13. NAME		Thomas	Carpe	nter		
-AT	14. BIRTHPLACE					Name of operationnonepos_Splateo	4m
	(State or			irginia		Whet test confirmed diegosis St. X-Ray Wes there	an autopsy?_NO_
MOTHER	15. MAIOEN NA	ME	Willie	Sander	rs	23. If daeth was due to external ceuses (VIOL ENCE) fill in elso the follow	
MO	16. BIRTHPLACE	(city or to		irgini		Accident, suicida, or homicide? Date of injury	, 19
						Where did injury occur?(Specify city or town, county and Spacify whather injury occurred in INOUSTRY, in HOME, or in PUBLIC	State)
17.	(Address)		lsie M.			opacity whather injury occurred in TROOSTRY, in Home, or in robert	PLAGE.
18.	BURIAL, CREMAT	10N, OR 1	REMOVAL			Mannar of injury	
	Place_Su:	tla	nd Road	, Md. U	nknown ₁₉	Neture of injury	
19	UNOERTAKER		M.L.Cre	agan A		24. Was disaase or injury in any way related to occupation of deceased?	no
_	(Address)		Thurmon	~/ // //		If so, specify 1 t	
20.	FILED LOY	,	1940	13:00	-	(Signed) Allward (S) Major	M. O.
				I V	Registrar.	(Addrass) Hall Sanala Tull	n vici

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 0	July 5,1927	Peritonitis	3 days ago
THE REAL W. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF MARYLAND—CERTIFICATE OF DEATH

OCCUPA-1. PLACE OF DEATH pluods County Registration Dist. No. 141 (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where deeth occurred. How long In U.S. if of foreign birth?______yrs.____mos.____ds. statement PHYSICIAN 2. FULL NAME If U. S. Veteran, specify WAR. (a) Residence: No. (Usual place of abode) If nonresident give city or town and State Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4. COLOR OR_RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) PERMANENT (Month) BINDING 5a. If married, widowed, or divorced HUSBAND of (or) WIFE of certificate. 6. DATE OF BIRTH (month, day, end veer) properly 7. AGE Yeers Months Days If LESS then FOR 1 day, -----hrs. The PRINCIPAL CAUSE OF DEATH end releted causes of importance 10 or min. were es follows: 8. Trede, profession, or particular PATION THIS kind of work done, es SPINNER, ARGIN RESERVED Jo SAWYER, BOOKKEEPER, etc may back 9. Industry or business in which work wes done, as SILK MILL, CO SAW MILL, BANK, etc on Ö 10. Date deceesed last worked at 11. Total time (years) this occupetion (month and spent in this that vear) _____ occupation _ instructions 12. BIRTHPLACE (city or town) (State or country) HER 13. NAME FAT 14. BIRTHPLACE (city or town) plain (State or country) What test confirmed diagnosis? carefully MOTHER 15. MAIDEN NAME important. If deeth was due to externel causes (VIOLENCE) fill in also the following: Oate of injury_ DEATH 16. BIRTHPLACE (city or town (Stete or country) Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, In HOME, or in PUBLIC PLACE 17. INFORMANT should OF 18 BURIAL, CREMATION Manner of injury -WRITE IS AUSE Nature of injury. 24. Wes diseese or injury in eny way related to occupation of deceesed 19. UNDERTAKER S. No. 1 (Address) If so, specify m Registrar. (Address)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory-eauses of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

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	Every	CIANS	tement	
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MARGIN RESERVED FOR BINDING	UNFADING INK-THIS IS A PERMANENT PACOKO. Every item of in	supplied. AGE should be stated EXACTLY. PHYSICIANS should s	n terms, so that it may be properly classified. Exact statement of OCCU	
FOR I	IS A P	stated	properly	
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V. S. No. 1

nfor-state

CAUSE OF DEATH in plain terms, so that it may be properly or TION is very important. See instructions on back of certificate. N. B.—WRITE PLAINLY, WITH mation should be carefully

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	10010
1.1	are units
7. 0	100 6 11 66
Village or City Trederick	No. 100 E St., Ward death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred	ds. How long in U.S. if of foreign birth?
~ NO	
2. FULL NAME CL. Elenmore 6	ailly +
(a) Residence: No. / OO Card 4 (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
OR DIVORCED (write the word)	10 8 193 G
male while urdowed	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBANO of	22. I HEREBY CERTIFY, That I attended deceased from
(Or) WHE of Laura Slephens (Deceased)	Mah 10 1926, to Och & 1936
6. DATE OF BIRTH (month, day, and year) Chief 15-1857	I last saw h Line alive on Ocf & 19 & 6 death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 6 m.
85- 5- 23 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade, profession, or particular	were as fettows:
kind of work done, as SPINNER, Januer	Chronic Brondentes Muyan
9. Industry or business in which work was done, as SILK MILL, relied	monie o o i on cusus
work was done, as SILK MILL, SAW MILL, BANK, etc	
10. Date deceased last worked at 11. Total time (years)	
this occupation (month and year) spant in this 40 occupation 40	
12. BIRTHPLACE (city or town) Frederick	Other Contributory Causes of Importance:
(State or country) man land	
13. NAME Colore H. Carlle	
+ seden b	Name of operation ————————————————————————————————————
(State or country)	F
15. MAIDEN NAME Margarett Keelen	
Is major want of adjared states	23. If death was due to external causes (VIOL ENCE) fill in also the following:
(State or country)	Accident, suicide, or homicide?
(State or country) many land	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Clace Gasle	Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
(Address) 100 8 4 5 redemp mg 18. BURIAL, CREMATION, OR REMOVAL	
Place Fut . Clinet Date 10/10 , 19.36	Manner of injury
7	Nature of injury
19. UNDERTAKER Hang & Garty Con	24. Was disease or injury in any way related to occupation of deceased?
(Address) I pedenty, mg.	If so, specify
20 FILED 9. O. C. 1976. de h. Carl	(Signed) Chaus J. Wordell M. D.
Registrat.	(Address) 122 Court 3+
wa	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NOV 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state Exact statement of OCCUPA-

stated EXACTLY.

AGE should be

mation should be carefully supplied.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—CERTIFICATE OF DEATH

10346

1. PLACE (**	0		Registration Dist. No. 132
Village or	City Jacobs	on Olers	ville) (I	NoSt,Ward death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
	AME Silas Al			If U. S. Veteran, specify WAR
1	ence: No.	(Usual place		St., Ward. If nonresident give city or town and State
PERSO	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
3. SEX Male	4. COLOR OR RACE White		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH Shee /6 ,193 (Year)
5a. If married, wide HUSBAND of (or) WIFE of	owed, or divorced			22. I HEREBY CERTIFY. That I attended deceased from 1986, to Det. 16, 1996
6. DATE OF BIRTH	H (month, day, and year)	Unknown	1855	Mast saw h Lua alive on Del 1 193 c death is said
	eers Months	Days	If LESS than 1 day,hrs. ormin.	to have occurred on the date stated above, etm. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
SAW M	,,	spe	ime (years) nt in this 62 upation 62	Other Contributory Causes of Importance:
	John W. Cast	le		Charles and the second
	CE (city or town) Ificor country)	ldletown		Name of operation Date of What test confirmed diegnosis? Was there an autopsy?
15. MAIDEN N	MAME Unknown			23. If death was due to external causes (VIOL ENCE) fill in also the following:
	CE (city or town)or country)			Accident, suicide, or homicide? Date of injury
17. INFDRMANT (Address) 18. BURIAL, CREMI	John R. Gro Jefferson, arion, DR REMOVAL dletown Ref.	Lid.	19 ,36	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of Injury
19. UNDERTAKER . (Address) 20. FILED.	Hiddletown	npany o Ma	Parente A. Registrar,	24. Was disease or injury in any way related to occupation of deceased? If so, specify (Signed)

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I			Example II		
The principal cause of importance were a	death and plated/causes	Dete of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	NOV 5 1930	1915	Attack of epilepsy	1 week ago	
Chronic interstitial neph		1921	Run over by street car	1 week ago	
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago	
Other contributory ca	uses of importance:		Other contributory causes of importance:	TV	
Gallstones		May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

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STATE OF MARTLAND	CLIVIII ICAIL OF DEATH
1. PLACE OF DEATH	- (23 (1)
county Frederick	Registration Dist. No.
Village or City Broldock Hught	ND. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city, or town where death occurredyrs,mos.	ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Charles T. Clar	If U. S. Veteran, specify WAR 7
(a) Residence: No. Braddock High (Usual place of abode)	St., Ward. Was lift nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH 28 , 193
Sa. If married, widowed, or divorced	(Month) (Day) (Year)
HUSBAND OF Marblya Clark	22. I HEREBY CERTIFY That I ettended deceased from 1936 to 25, 19.34
6. DATE OF BIRTH (month, day, and year) Trely 8-18-69	I last saw have alive on OW 2 8 ,1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, atm.
67, 3 20 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:
Krade, profession, or particular kind of work done, as SPINNER, SAWYER, BDOKKEEPER, etc.	Chiliman hehere, Om's
	- Comment of the comm
9. Industry or business in which work was done, as SILK MILL. The SAW MILL, BANK, etc.	
11. Total time (years) this occupation (month and ///) 11. Total time (years)	
year)	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Hathias Clark	Durne
14. BIRTHPLACE (city or town) (State or country)	Neme of operation Dete of
15. MAIDEN NAME Don't Runo	What test confirmed diagnosis?
I	Accident, suicide, or homicide? Date of injury, 19
16. BIRTHPLACE (city or town)	Where did injury occur?
Clara D. Clars	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
17. INFORMANT Tudnick mik	
18. BURIAL, OREMATION, OR REMOVAL	Manner of injury
Place Cedar Hyle Com Date Col 3 1, 1936	Nature of injury
19. UNDERTAKER 6. E. Colina Ham	24. Was disease or injury in eny way related to occupation of deceased?
(Address) Traderian Mil	If so, specify
20 FILED 2 V. ack 193 6 Amelou d.	(Signed) M. D
20. FILED	(Address) Prederichtud

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis NOV 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Laurence contribution or has the game will be accounted to the contribution of the second sec			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICI	ADDITIONAL	SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAL
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1		0		0

Length of residence in city) or town where death occurred 20 yrs mos. 2. FULL NAME Clerry (a) Residence: No. Utuca (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS	No. St., th occurred in a horpital or institution, give its NAME instead of street and n ds. How long in U.S. if of foreign birth?	
(If dear Length of residence in city) or town where death occurred 2.0 yrs mos. 2. FULL NAME Clement (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OF RAGE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (white the word)	ds How long in U.S. if of foreign birth?yrs,mo	umber)
Length of residence in city or town where death occurred 20 yrs mos. 2. FULL NAME Clemm (a) Residence No. Utica (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OF RACE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Trice the word) Limite Surges	ds How long in U.S. if of foreign birth?yrs,mo	
2. FULL NAME Julia Clemm (a) Residence No. Utica (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OF RAGE S. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Trice the word) Limile Single		3
(a) Residence: No. Utica (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OF RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (relice the word)	St., Ward.	
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OF RAGE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (Trice the word) Lemale White Surger	St., Ward.	
PERSONAL AND STATISTICAL PARTICULARS SEX 4. COLOR OF RAGE OR DIVORCED (refrice the word) Female White Sungal		
SEX 4. COLOR OF RAGE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (while the word)	. If nonresident give city or town and	State
female White Sings	MEDICAL CERTIFICATE OF DEATH	
If married widowed or divorced	1. DATE OF DEATH October 28, (Month) (Day)	, 193_6 (Year)
HUSBAND of	I HEREBY CERTIFY, That I attended to tune 12, 19 30 to October 28,	
1 0 1 10 1-11	last saw h er alive on Oct. 28, 19 36	,
2.112 01 2.11.11 (1110) (1117) (1117) (1117)	o have occurred on the date stated above, at 8 2.00 A.m.,	; death is sa
	The PRINCIPAL CAUSE OF DEATH end releted causes of importance	
	were es follows:	Date of onse
8. Trede, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Chronic myocarditis	June
kind of work done, as SPINNER, SAWYER, BOOKKEPER, etc 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date decased last worked at this occupation (month and		1930
year) occupation		
2. BIRTHPLACE (city or town) Fred Co. (State or country)	Other Contributory Causes of importance:	
13. HAME STOP SUMM		
(State ou country)	Name of operation Date of	
(State of Country)	What test confirmed diegnosis? Was there en a	utopsy?
	3. If death was due to external causes (VIOL ENCE) fill in also the following	
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury	, 19
(State or country)	Where did injury occur?(Specify city or town, county and State	e)
7. INFORMANT M. Charles Clerma 5 (Address) Fred, M. Route 3	Specify whether injury eccurred in INDUSTRY, in HOME, or in PUBLIC PLA	
Within Reported on Oct 30 1036	Manner of injury	,
S. UNDERTARE TO ELECTION OF THE CONTROL OF THE PERSON OF T	4. Was disease or injury in any way related to occupation of deceased?	No
	(Signed) four ble W. Vory	rd.

N. B.-WRITE PLAIN

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Cerebral hemorrhage NOV 3 1990	July 5,1927	Peritonitis	3 days ago	
BUREAU V. S.	1			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

ADDITIONAL SPACE FOR FURTH	IER STATEMENTS BY PHYSICIAN
To authorization to chan	g age set letter filed under
Sold it is the 1.	U U
V	

WARGIN RESERVED FOR BINDING WITH UNFADING INK—THIS IS A PERMANENT RECO

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH OCCUPA 1. PLACE OF DEATH Within the Corporate should item of Registration Dist. No. Village or City Jo (If death occurred in a hospital or institution, give its NAME instead of street and number) PHYSICIANS Length of residence in city or town where death occurred How long in U.S. if of foreign birth? statement 2. FULL NAME 11 JJ. S. Veteran, specify WAR If nonresident give oily or town and State (Usual place of Abode) Exact MEDICAL CERTIFICATE OF DEATH PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED Frurite the word) CTL wee (Month) (Year) (Day) classified. 5a. If married, widowed, or divorcad HUSBAND of Thet I attended deceased from ERTIFY. (or) WIFE of × 囶 certificate. 6. DATE OF BIRTH (month-day, end year) properly 7. AGE Years Months If LESS than Dave to heve occurred on the date stated above, at stated 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance or____min. ware as follows: Date of onset 8. Trade, profession, or perticular OCCUPATION kind of work dona, as SPINNER be jo may back Industry or business in which pluods work was done, as SILK MILL, SAW MILL, BANK, etc.... 10. Dete deceased lest worked at 11. Total time (years) on this occupation (month and 36 spent in this that AGE occupation ... instructions Other Contributory Causes of importance 0 12. BIRTHPLACE (city or town) (State or country) supplied. terms. FATHER 13, NAME See Nama of operation. 14. BIRTHPLACE (city or town) plain (State or country) carefully What test confirmed diagnosis?_ Was there an autopsy? LO MOTHER 15. MAIDEN NAME ıı important 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide? DEATH 16. BIRTHPLACE (city or town (Stata or country) Where did injury occur?. pe (Specify city or town, county and State)
Specify whather Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. pinous 17. INFORMANT very OF (Address) 18. BURIAL, CREMATION OR REMOVAL Manner of injury WRITE . CAUSE mation Nature of injur MOLL 24. Was disaasa or injury in any way related to occupation of deceased 19. UNDERTAKER (Addrass) If so, specify M (Addrass) Registrar. If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. z.

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	Example I	11	Example II		
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Chronic interstitial ner	hrilis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	NOV 5 1935	July 5,1927	Perilonilis	3 days ago	
	RUPEAU V. S.				
Other contributory	auses of importance:		Other contributory causes of importance:		
Gallstones		May 1,1923	Gastroenteritis	1 year	

1		ST	ATE C	OF MAR'	YLAND-	CERTIFICATE OF DEATH	1350
1	. PLACE O	F DEAT	Н		2	96)	2 1
	County		Fre	derick	within the	Registration Dist, No.	71
	Village or C	ity o	rede	rich	md-	No. Inederich City Hospital.	Ward
	Langth of resi	dence in city	or town where	death occurred	(If	death occurred in a hospital or institution, give its NAME instead of street and reads. How long in U.S. if of foreign birth?mc	
	000	7	1 Ke	1 Com	Xlan		osds.
1	. FULL NA	-		6	ille	If U. S. Veteran, specify WAR_ Low	
	(a) Residen	ce: No	ask!	(Usual place of	of abode)	St., Ward, If nooresident give city or town and	State
	PERSON	AL AND	STATIST	ICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
	SEX	4. COLOR		S. SINGLE, MARK	tieD, WIDOWED, (write the word)	21. DATE OF DEATH	,
ت	emall.	well	ule		ried	(Month) (Day)	, 193 (Year)
Sa.	If married, widow						
	(or) WIFE of	Rol	wet /2	3. Crothe	ers	1926 to Och.	deceased from
. 1	DATE OF BIRTH	month day	and vaar)	parie 2	0.1891	I last saw h 12 elive on Oct 6 1936	death is said
_	AGE Yea		Months /	Deys	If LESS than	to have occurred on the date stated above, at 8 m.	, 464(11 13 3414
	4.	500	5~	16	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH end related causes of importanca wera as follows:	,
	8. Trada, profes	ssion, or part	icular		· ·	weid as follows.	Date of onset
2	8. Trada, profes kind of v SAWYER,	vork done, as BOOKKEEPE	R, atc.	anseles	fe	Cerebral Gemonhage	Oct. 6
OCCUPATION	9. Industry or Work was	businass In v s done, as SIL L, BANK, etc	vhich K MILL,		0		1936
3	10 Date decaas	ed last works	id at 10 S	11. Total ti	ma (yaars)	Memifleger	,,,,
)	this occu yeer)	pation (montl	end 6 -3	Spen occu	tin this 1972		
	DIRTURI ACE (all	by as favors	3 red	wiel C	· · · · · · ·	Other Coutributory Causes of importance:	
1Z.	State or cour			md.	- Ling	Molian ana	
7	13. NAME	rue	s al	beent Cal	lislawer,	mi nami!	
FAIMER	14. BIRTHPLACE	(city or tow	1 Stra	ceham.	0	Name of operation Date of	
-	(State or		,,	ned	<i>)</i> .	Pl. · · · ·	utopsy? NV.
EK	15. MAIDEN NA	ME &	elew S	ane Eg	ler.	23. If death wes due to external causes (VIOLENCE) fill In also the following	:
300	16. BIRTHPLACE	(city or town	1) 30 fe	edered	Count	Accident, suicide, or homicide? Date of injury	, 19
E	(State or	country)		mal	, 1	Whare did Injury occur? (Specify city or town, county and State	
17.	INFORMANT	Pobe	XB.	Croxi	iers	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PL	ACE.
(Address) Fudurick Yud. 18, BURIAL, CREMATION, OR REMOVAL				ick)	rud.		
16.	Place 311			Le Date Oct.	9 ,1936	Manner of injury	
	1100	2 10	00 - (1	7,13-4-9	Natura of injury	7.
19.	UNDERTAKER _	6-6	· lue	+ fore	- 0	24. Was disease or Injury in any way releted to occupation of decaasad?4	
	(Addrass)	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	26 de	mili	L.	(Signad) A. Chustin Gearre	. N 5
20.	FILEDY - CO	CX, 19	Do. Of	11/ Clu	Registrar.	(Address) Tulenik Ms	. W. D.
			V		- Acgman.	(Mouross)	

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis V. S	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
NOV 5 1936				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones SUREAU V. S	May 1,1923	Gastroenteritis	1 year	
Control of the Contro				
			11000	

stated EXACTLY.

properly classified.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be TION is very important. See instructions on back of

certificate.

PHYSICIANS should state Exact statement of OCCUPA-

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STATE OF MARYLAND—CERTIFICATE OF DEATH

	ICAIL	OI	DEATH	10007
-	72:0			131

1. PLACE OF DEATH				— (72-a)	CAR THE STATE OF	121
County Frederick	Within !	the Corporate	Maridaly-	Registratio	on Dist. No	2
Village or City Frederic	k		No.Fred	derick City Ho a hospital or institution, give its NA	ospitalst,	Ward
Length of residence in city or town whera	death occurred2	3_yrsmo:	s. death occurred in a	a hospital or institution, give its NA. w long in U.S. if of foreign birth?	ME instead of street and	l number) mosds
2. FULL NAME Annie Ma	· in	The same of the sa	90	U. S. Veteran, specify WAR_		
(a) Residence: No. 231 S.		D	1 01	Gillard		
(a) Nesidelice. No. 180 E. 180	(Usual place o	(abode)	1 K hul	If nonreside	ent give city or town an	id State
PERSONAL AND STATIST	TICAL PARTIC	CULARS	N	MEDICAL CERTIFICAT	TE OF DEATH	
Female 4. color or RACE White	s. single, mark or divorced Marri	(write the word)	21. DATE 0	OF DEATH (Month)	(Day)	, 193 <u>{</u>
5a. If marriad, widowed, or divorcad HUSBAND of Lloyd C.	Culler		22. Aug	HEREBY CERTI	FY, That I attended	
6. DATE OF BIRTH (month, day, and year)	September	28. 187	5 I last saw how	10	9 , 1934	,
7. AGE Years Months	Days	If LESS than	to have occurred	on the date stated above, at	7. Am.	
61 0	11	l day,hrs.	The PRINCIPAL were as follows:	CAUSE OF DEATH and related ca	ausas of importance	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER,	House out f	^		······································		Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Housewif	A	Me	ussemie Der	filmea	
work was done, as SILK MILL, SAW MILL, BANK, etc.	work was done, as SILK MILL, At Home				• •	July 8
SAW MILL, BANK, etc	11. Total tir	ne (years) t in this 40				0
			Other Contribute	ory Canses of importance:		The second
12. BIRTHPLACE (city or town)	land		m	et Tures.	·>	
13. NAME Joshua T. Mu	rray					
13. NAME JOSHUA T. MU 14. BIRTHPLACE (city or town)	yland		Name of operation Date of What test confirmed diagnosis? Was there an autopsy?			
15. MAIOEN NAME Ann Hell	er				aser.	
15. MAIOEN NAME Ann Hell 16. BIRTHPLACE (city or town)			di .	a, or homicide?		
(State or country) Mar	yland		Whera did injury	y occur?		
17. INFORMANT Lloyd C. Cu (Address) Frederick.	ller Md.		Specify whether	(Specify city injury occurred in INDUSTRY, in	or town, county and St. HOME, or in PUBLIC P	ate) 'LACE,
18. BURIAL, CREMATION, OR REMOVAL St	Lukes,	Cemetery 11, 1936		y		
19. UNDERTAKER M. R. Etch (Addrass) Frederick,				or injury in any way related to occ	cupation of deceased?	h
20. FILED 1 Q 19. 36 - Qx	100	Cardin Registrary	(Signed)	a. Gustin dress) Vreder	Veary	(M. D
If mor	e blanks are needed, ad		, 2411 N. Charles Str	reet, Baltimore, Requesting V. S. 1	Vo. 1.	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	li.	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
21/10/1000/00/00/00/00/00/00/00/00/00/00/	1915	Attack of epilepsy	1 week ago	
Chronic interstition nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV 3 1333	July 5, 1927	Peritonitis	3 days ago	
NUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

	Test of page 2	3	The state of the s	
		8		

... M. D.

PHYSICIANS should state .D. Every item of infor-

of OCCUPA-

Exact statement

IS A PERMANENT MARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.

stated EXACTLY. classified. certificate. properly UNFADING INK-THIS should be See instructions on back of CAUSE OF DEATH in plain terms, so that it may supplied. mation should be carefully MON is very important. -WRITE PLAINTY,

1	L PLACE OF DEAT	тн	, IVIZALA		OERTH TO/TTE	OI BEATH	3 0000
	County	Frede	rick.		(23)	Registration Dist. No.	139
	Village or City			ium,,Md	NDNd.		
	Length of residence in ci			(1)	death occurred in a hospital or in	Stitution, give its NAME instead of stree	et and number)
2	2. FULL NAME		W. Davis		If U. S. Veter	an, specify WAR	
	(a) Residence: No	Whaley	Sville,	Worcest	er st., Co. R. Ward. D.	#1 Maryland. If nonresident give city or tow	n and State
	PERSONAL AN	D STATISTI	CAL PARTIC	CULARS	MEDICAL	CERTIFICATE OF DEAT	гн
		r or race White	5. SINGLE, MARR OR DIVORCED Marri	(write the word)	21. DATE OF DEAT	October 2 (Month) (Day)	, 193_6(Year)
	If married, widowed, or divo HUSBAND of (or) WIFE of	Jame	s H. Da		Aug. 28	BY CERTIFY, That I atto , 1936., to Oct	2, 19. 36
	DATE OF BIRTH (month, day AGE Years	Months	pril 24 Days	1895		stated above, at 8 35P mM	death is said
	41	5	8	1 day,hrs.	B .	EATH and related causes of importance	Date of onset
NOCCUPATION 12	kind of work done, SAWYER, BDDKKEE 9. Industry or business In work was done, as SAW MILL, BANK, of this occupation (moyear)	which SILK MILL, etc ked at oth and 12,7. 1936	11 Total tin		Dther Contributory Causes of	uberculosis	May 1936
	(State or country)		laryland,				
HER	13. NAME	Edward C	arey				
FATHER	14. BIRTHPLACE (city or to (State or country)		aryland	6	Name of operation	e Dat Chest X-Ray Was the	
TER.	15. MAIDEN NAME	Anna Ti	mmon		23. If death was due to external causes (VIOLENCE) fill in also the following:		
MOTHER	16. BIRTHPLACE (city or to (State or country)	M	laryland.		Where did Injury occur?	7	nd State)
	INFORMANT HE				- Specify whether thruly occurre		TENOL.
18	(Address) Who Burial, CREMATION, OR R			nknown	Manner of injury		
-	(Address)	L.Crea Thurmont		Registrar.		ny way related to occupation of decease rt Shaff te Sanatolius	er mo

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Example I	-13	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis. 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV	July 5,1927	Peritonitis	3 days ago
The state of the s	•	,	
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	
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PHYSICIANS should state Exact statement of OCCUPA-

properly classified.

STATE OF MARYLAND-CERTIFICATE OF DEATH

	0	9	Por	-
J	0	J	()	1

1. PLACE O	F DEATH			[3]	1
County	Frederick			Registration Dist. No.	2
	city Frederick			No. Frederick Co. Emg. Hospital death occurred in a hospital or institution, give its NAME instead of street and the street an	number)
2. FULL NA (a) Residen	ME Ruanna D nce: No. 322 Kli	avis neharts (Usualplace	Alley	St., Ward. If nonresident sive city or town an	d State
PERSON	NAL AND STATIST			MEDICAL CERTIFICATE OF DEATH	d State
3. SEX female	4. color or race colored	5. SINGLE, MAR	RIED. WIDOWED, D (write the word)	21. DATE OF DEATH Oct. 21, (Month) (Day)	, 193 6 (Year)
5a. If married, widow HUSBAND of (or) WIFE of	ved, or divorced John Dav	is		22. I HEREBY CERTIFY, That I attended Oct. 20, 1936, to Oct. 21,	19 36
6. DATE OF BIRTH	(month, day, and year)	lay 4, 1	868	I last saw h. er elive on Oct. 20, 19 3	6; death is said-
7. AGE Yes		Days	If LESS than 1 dey,hrs. ormin.	to have occurred on the date steted ebove, etlm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Date of onset
9. Industry or work was SAW MII 10. Date deceas this occur year)	ity or town)Maryl	OCC	ime (years) 55 nt In this 55 upation	Other Centributory Causes of importance:	Ostilo-
(State or cou	narles Sprow	7		Tuplication	1934 7
	E (city or town). Mary.	and		Name of operation Date of What test confirmed diegnosis? Was there an	2.
15. MAIDEN NA	AMEAnnie Spar	ell		23. If deeth wes due to external causes (VIOLENCE) fill in also the following	
∑ (State or	r country)	ryland		Accident, suicide, or homicide?	, 19 ate)
17. INFORMANT (Address)	Mrs. Annie Frederick	Md.	******	Specify whether injury occurred in the postar, in storic, of the obstar	LNUL.
1	tion, or removal irview Cem, E	rod Oc	t. 24 y 30	Manner of Injury	
19. UNDERTAKER	M.R. Etchis Frederick,		n	24. Was diseese or injury in eny way related to occupation of deceased?	
20. FILED 22.5	0 d. 1936. Dr	s. J.n	Registrar.	(Signed) D. D. D. Company	and M.D.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	1	Example II	
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Chronic interstitial nephrifis Cerebral hemorrhage	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		9	

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

PHYSICIANS should state Exact statement of OCCUPA.

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified,

TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10:	354
1. PLACE OF DEATH ,	(31)	
County Vilderek With the Gorporate kin	Registration Dist. No.	21
Village or City Freelings.	No Frederick City Hospital. St	Ward
Langth of cooldana In old	f death occurred in a hospital or institution, give its NAME instead of street and no	umber)
Length of residence In city or town where death occurred 54 yrs mos	ds. How long In U.S. if of foreign birth?yrsmos	sds.
2. FULL NAME (Should Clayabilly Niffen	dat weter	in
(a) Residence: No. 125 West 3 4 St. (Usual place of abode)	St., Ward.	
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	itate
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	
French White married. (white word)	Les. 19	193 6
5a. If married, widowed/or divorced	(Month) (Day)	(Year)
(or) WIFE of John D. Helendal.	22. I HEREBY CERTIFY That I attended do	eceased from
	Oct 5- ,1936 , to Oct 19	, 19.34
6. DATE OF BIRTH (month, day, and year) 201. 3-1863 7. AGE Yeers Months Days If LESS than	I last saw has alive on QUI 9, 1936;	deeth is said
7. AGE Yeers Month's Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at	
8. Irade, profession, or particular	were a follows:	Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Ellana myseadition	1422
. Industry or business in which		
work was done, as SILK MILL, Practical Muse		
spent in this of		
year) occupation 20	Other Commibutory Causes of Importance:	
12. BIRTHPLACE (city or town) Mary Land. (State or country)	Chronica Nephretas	1936
	·	
13. NAME John Valuel 14. BIRTHPLACE (city or town)		
4. BIRTHPLACE (city or town) (State or country) Germany.	Name of operation Date of	
E 15. MAIDEN NAME Hermatta V. Colle benney	What test confirmed diagnosis? Was there an eu	opsy?_(w.
I	23. If death wes due to external causes (VIOL ENCE) fill in elso the following:	
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide? Date of injury	, 19
11.000 51 6 51	Where did injury occur? (Specify city or town, county and State)	
17. INFORMANT Magaret S. Coling (Address) Fuldence Web.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	it.
18. BURIAL, CREMATION OF REMOVAL	Manner of injury	
Place Nova Claver Clan. Date 22-000; 19 DK	Nature of injury	
19. UNDERTAKER Comod Funeral Home	24. Was disease or injury in any way related to occupation of deceased?	no
(Address) Frederick and	If so, specify	
20. FILED M - Q et 10 36. Qxa & m. Caroly	(Signed)	1_M. D.
Registral.	(Address) Tracues n	us.
76 11 11 11 11 11 11 11		

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To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done. 10.-The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

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Example I	ii	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIA	AN
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TARGIN RESERVED FOR BINDING

V. S. No. 1 N. B.— WITHIN CORPORATE LAUSIN OF

STATE OF MARTLAND	CERTIFICATE OF DEATH
1. PLACE OF DEATH	3) 141
County	Registration Dist. No.
Village or City / 1980	No. St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence In city or town where death occurredyrspmos.	ds. How long in U. S. if of foreign birth?yrsmosds.
2. FULL NAME Sufon Sur	If U. S. Veteran, specify WAR
(a) Residence: No.	St., Ward.
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH 2 /0 ,193 (Yeer)
5e. If merried, widowed, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
De 11641936	, 19, to, 19, 19
6. DATE OF BIRTH (month, dey, and yeer) 7. AGE Yeers Months Deys If LESS than	I last saw h ; deeth Is seid to heve occurred on the dete stated above, et m,
1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end releted ceuses of Importance
8. Trade, profession, or perticular	were es follows:
kind of work done, es SPINNER, SAWYER, BODKKEEPER, etc.	ALU WULL
9. Industry or business in which work was done, as SILK MILL,	
S. Hade, profession, or perturbate, skind of work done, es SPINNER, SAWYER, BODKKEPER, etc. 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc 10. Date deceased last worked et	
O this occupetion (month end spent in this year) occupation	
Brusarele	Other Contributory Causes of importence:
12. BIRTHPLACE (city or town) (Stete or colorly)	
13. NAME - Trank leve D. Der	
14. BIRTHPLACE (city or town)	Name of operation
(State of Country)	What test confirmed diegnosis? Was there en eutopsy?
15. MAIDEN NAME 16. BIRTHPLACE (city or town) (State or country)	23. If death was due to external causes (VIDLENCE) fill in also the following:
[16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Dete of injury, 19
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT (Address)	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	Manner of injury
Piace Bruns unch Date Wet /1 , 1924	Nature of injury
19. UNDERTAKER les la - F-left & Deno	24. Was disease or injury in any wey releted to occupation of deceased?
(Address) Buren eh	If so, specify
20. FILED Cest 10 , 1986 lus N. 8. 1+2 dg 10	(Signed) M. D.
Registrar.	(Address)

美帝

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
AU V.	世		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

yrs. 5 mos	nath occurred	rick Thurmoni y or town where d argaret	red e	County F Village or Ci	
abode)		Thur	ce: No	(a) Residence	
ULARS	CAL PARTIC	D STATISTI	AL ANI	PERSON	
IED, WIDOWED, (write the word)	5. SINGLE, MARRI OR DIVORCED SINGL			Female	3. SI
		ced	ad, or divor	If married, widowa HUSBAND of (or) WIFE of	5a. 1
1936 If LESS than 1 day,hrs. ormin.	y. 7th Days I2	, and yaar) Me Months			6. D.
		es SPINNER, PER, etc which ILK MILL, tc	ork done, a BOOKKEEF ousinass in done, es SI L, BANK, et	kind of wo SAWYER, 9. Industry or b work was SAW MILI	OCCUPATION
in this ation	spent occup.	Thur	y or town)_	year) BIRTHPLACE (city	
	onnelly	d F. D	Iowar	13. NAME H	ER
MD	rmont.	wn) Thu			FATHER
	urmont.	mh	(city or tov	16. BIRTHPLACE	MOTHER
Ly	Donnell MD	rmont.	Thu	INFORMANT (Address)	
21st,4936	em. Oct.				18. [
	t. MD	1///	M. 2/, , 1	UNDERTAKER (Addrass) FILED Oct.	
	abode) ULARS ED, WIDOWED, (write the word) If LESS than I day, hrs. or min. e (yaars) in this ation Ad MD Shon Ad Ly Plate 19 36	aath occurredyrs	erick hurmont. or town where daath occurred yrs. more argaret Louise Donne Thurmont (Usual place of abode) D STATISTICAL PARTICULARS OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Single Sing	Thurmont. Thurmont. Thurmont. Thurmont Thu	County Frederick Village or City Thurmont. Length of rasidence In city or town where daath occurredyrs

in a hospital or institution, give its NAME instead of street and number) How long in U.S. If of foreign birth?______mos._____ds. If U. S. Veteran, specify WAR Ward. If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH OF DEATH urred on the date stated ebova, at 5 P: m IPAL CAUSE OF DEATH and ralated causes of importance onfirmed diagnosis? 2 Was there an autopsy?_ was dua to extarnal causas (VIOL ENCE) fill in also the following: (Specify city or town, county and State) other Injury occurred in INDUSTRY, In HOME, or In PUBLIC PLACE. ase or injury In any way related to occupation of daceasad?...

Registration Dist. No.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Chronic interstitual nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 17.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of Importance:		Other contributory arrange of inspertures.	
Other contributory causes of importance:	100000	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis *	1 year

STATE OF MARYLAND-CERTIFICATE OF DEATH

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BINDING

FOR

ARGIN RESERVED

OCCUPAplnods PHYSICIANS statement PERMANENT certificate. stated properl THIS Jo back should may on so that See instructions supplied. in plain be carefully very important. DEATH mation should OF rion is CAUSE

1. PLACE OF DEATH County Frederick Village or City Near Mt. Pleasant Length of residence in city or town where death occurred. 2. FULL NAME Harvey Clifton (a) Residence: No. Near Mt. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write tha word) Male White Married 5a. If married, widowad, or divorcad HUSBAND of (or) WIFE of Oda Burrier December 28. 1873 6. DATE OF BIRTH (month, day, and year) 7. AGE If LESS than Months Days I day.____hrs. 62 9 19 or____min. Trade, profession, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.___ OCCUPATION Farmer Industry or business in which work was dona, as SILK MILL, SAW MILL, BANK, etc..... 11. Total time (years) spent in this O. Data deceased last worked at this occupation (month and 936 year) occupation _ __. 12. BIRTHPLACE (city or town). Maryland (Stata or country) FATHER Daniel H. Filler 13. NAME 14. BIRTHPLACE (city or town) (State or country) MOTHER V. Snyder 15. MAIDEN NAME 16. BIRTHPLACE (city or town). Maryland (State or country) Mrs. Harvey C. Finler Pleasant. Md (Address) Near Mt. 18. BURIAL, CREMATION, OR REMOVAL Frederick Memorial Clouster, Frederick, Mid. 10/20, 1936 19. UNDERTAKER

Registration Dist. No. No. Near Mt. Pleasant St., Ward (If death occurred in a hospital or institution, give its NAME instead of street and number) How long In U. S. if of foreign birth? vrs. mos. Syeteran, specify WAR None If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 21. DATE OF DEATH October I HEREBY CERTIFY. That I attended deceased from to have occurred on the date stated above, at 1:50 Pm The PRINCIPAL CAUSE OF DEATH and related causes of importance Date of onset 23, if death was due to external causes (VIOLENCE) fill In also the following: (Specify city or town, county and State) Spacify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE Manner of injury Nature of injury.... 24. Was diseasa or injury in any way related to occupation of deceased? If so, specify ... (Address) _____

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	Example I	1	Example II	
The principal cause of importance were Arteriosclerosis	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial ne		1921	Run over by street car	1 week ago
Cerebral hemorrhage	10V D 1830	July 5,1927	Peritonitis .	3 days ago
	NUMEAU Y. S.			
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
			•	

-WRITE

V. S. No. 1 Ä

1. PLACE	OF DEATH	. 0		119			10
County	Fredere	ch			Registration D	ist. No. 14	-0
Village or	City City or town whara	daeth occurred		Nodath occurred in a horpital or insti			
	2.0	- 27	el. I	0-			
2. FULL N		Jun	mer To	1	pecify WAR		
(a) Reside	ence: No.	(Usual place of	of abode)	St,Ward.	If nonresident s	ive city or town and	State
PERSO	NAL AND STATIST			MEDICAL O	CERTIFICATE		
3. SEX	4. COLOR OR RACE	5. SINGLE, MARI	RIED, WIDOWED, (write the word)	21. DATE OF DEATH	CCC1 4	20	, 193 6
5a. If married, wide HUSBAND of (or) WIFE of	owad, or divorced	6	7	22. I HEREB	Y CERTIFY		(Yeer) dacaasad from
(01) 11112 01				Oct 15	, 19.76 , to Oc		19.36
6. DATE OF BIRTH	H (month, day, and year)	Chr. 2	5. 1936	I lest saw han alive on f	Oct 19-	, 19 36	.; death is sald
7. AGE Y	ears Months	Days	If LESS than	to have occurred on the date sta		•	
	5	25	1 day,hrs.	The PRINCIPAL CAUSE OF DEA	ATH and related causes	s of Importance	Date of onset
2 8. Trade, pro	fession, or particular f work done, as SPINNER,						Oct. 14
SAWYE	ER, BOOKKEEPER, etc.			Viarshora.			
9. Industry of work v	r businass in which was done, es SILK MILL, NILL, BANK, etc				()		
10. Date dece	NILL, BANK, etcased last worked at cupation (month and		ma (yaars) It in this	Bruncher	Incum	ua	48 hrs
12. BIRTHPLACE (200	Some	pottor	Other Contributory Causes of im	portance:		
(State or co			md.				
四 13. NAME /	Pobert 21	Jo	gle				
13. NAME 14. BIRTHPLA (State	CE (city or town)	6		Name of operation		Dete of	
(State	or country)	2	yd.	Whet test confirmed diegnosis?_	4	Was there an	autopsy?
15. MAIDEN	VAME Many Pe	breca	Trime	23. If daath was due to external o	auses (VIOLENCE) fill	in also the followin	g:
15. MAIDEN N	CE (city or town)			Accident, suicide, or homicide?			
∑ (State	or country)	nyd	. •	Where did injury occur?	\sim		
17. INFORMANT _ 4	Pobut a	24. Fo	ele	Specify whether injury occurred	In INDUSTRY, In HOM	ME, or in PUBLIC PL	ite) .ACE.
(Address)	ATION, OR REMOVAL	2	nid		<u> </u>		
Place Place	0 0 0 0	Date Oct	-2L ,1936	Manner of Injury			
19. UNDERTAKER (Address)	Pource,	alla	Jun .	24. Was diseese or injury in eny	way releted to occupa	tion of decaased?	wo
20. FILED. Oc	I21 1936 X	E Po	vell	(Signad)	o. a. s	tults	M. D.
			Registrar.	(Addrass)2	No odali	vroy 9	MONE.

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Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
SAMPHITONAL SPACE E	OD EUDWI	DD CTATEMENTS DV DHVCYCYAN	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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tem of	plnods	of OCC	/
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UNFAI	upplied.	terms,	e instru
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E PLA	plnods	E OF D	is very
-WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT RECO. 5. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	TION is very important. See instructions on back of certificate.

MARGIN RESERVED FOR BINDING

1. PLACE O	F DEATH			(23)	
County	Freder	ick.		Registration Dist. Np. 139	
Village pr	cityState_	Sanatori	um. Md.	NoSt.,\	Ward
	sidence in city or town where		(H	death occurred in a hospital or institution, give its NAME instead of street and number) 29 ds. How long in U.S. if of foreign birth?yrsmos	ds.
2. FULL NA				If U. S. Veteran, specify WAR	
(a) Resider	nce: No. Coun	ty. Home.	Westmin	stsb., Ward. Maryland. If nonresident give city or town and State	
PERSON	NAL AND STATIST	ICAL PARTI	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX	4. COLOR OR RACE		RIED, WIDOWED, D (write the word)	21. DATE OF DEATH October 12 , 193 (Month) (Day) (Yea	
Sa. If married, widow					
HUSBAND of (or) WIFE of	Bess	sie Ross	Formwal	July 13 ,19 36, to Qct 12,19	
6. DATE OF BIRTH	(month, dey, and year)	June 1	1885	I last saw h_1 m alive on Oct. 12 ,19 36 ; death I	s said
7. AGE Ye	ars Months	Days	If LESS than	to have occurred on the date stated above, et_10.00P M.	
	5) 4	11	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related ceuses of importance were as follows:	
10. Date deceas		931 11. Total t	ime (years) nt in this 30 Yr S upation 30 Yr S	Dther Contributory Canses of importance:	6
(State or cou	intry) T	enn.			
13. NAME	William	S. Formy	alt.		
	E (city or town)	enn.		Name of operation None Pos Spillate of m	no
	E (city or town)	tsworth enn		23. If death was due to external causes (VIOLENCE) fill in elso the following: Accident, suicide, or homicide?	
I7. INFDRMANT (Address)	John M. F. Westminst			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.	
	TIDN, OR REMOVAL fferson Cit	y, Date Unk	nown,19	Manner of Injury	
19. UNDERTAKER (Address)	Tenn M.L.Crea Thurmont	ger		24. Was disease or injury in any way related to occupation of deceased? no if so, specify the specify of the specific of	_M. D

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In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	-11	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUBEAU	ا الشاء		
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		, in the second	

BINDING ARGIN RESERVED

STATE OF MARYLAND-CERTIFICATE OF DEATH state 1. PLACE OF DEATH OCC plnods County Frederick Registration Dist. No. / 3 0 Village or City Point of Rocks No. St., (If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred 60 yrs. mos. ds. How long in U.S. if of foreign birth? yrs. mos. PHYSICIANS statement 2. FULL NAME Mrs. Sarah Elizabeth Fry If U. S. Veteran, specify WAR NONE (a) Residence: No. Point of Rocks, Md. St., Ward. (Usual place of abode) Exact PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 21. DATE OF DEATH 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. OR DIVORCED (write the word) October Female White Widow (Month) classified 5a. If married, widowed, or divorced HUSBANO of (or) WIFE of Edward Fry **E** certificate. 6. DATE OF BIRTH (month, day, and year) August properly 7. AGE Years Months Days If LESS than to have occurred on the date stated above, at 4 . 55. Ap. M. stated 1 dayhrs. The PRINCIPAL CAUSE OF DEATH and related causes of importance 80 8 or min. 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc..... OCCUPATION Housewife back 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc..... may plnous Home 10. Date deceased last worked at this occupation (month and I1. Total time (years) uo that 60 occupation instructions 12. BIRTHPLACE (city or town) ---Virginia (State or country) terms, FATHER Shaffer 13. NAME Joseph Name of operation. 14. BIRTHPLACE (city or town)... plain (State or country) carefully What test confirmed diagnosis?_____ Was there an autopsy? MOTHER very important. Springs 15. MAJOEN NAME 23. If death was due to external causes (VIOLENCE) fill in also the following: in Accident, suicide, or homicide?______ Date of injury______ 19_ DEATH 16. BIRTHPLACE (city or town) Virginia (State or country) Where did injury occur? ... (Specify city or town, county and State) Mrs. F.J. Stunkle Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC PLACE. pluods Point of Rocks. Md. OF Point of Rocks, Md 18. BURIAL, CREMATION, OR REMOVAL Manner of injury Place St. Pauls Cem. Date Oct. 25,1936 SE 24. Was disease or injury in any way related to occupation of deceased?_ M.R. Etchison & Son 19. UNDERTAKER ... Frederick. Md If so, specify B Registrar.

If nonresident give city or town and State CERTIFY, That I attended deceased from Oate of onset

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis E C	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage NUV	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		e 5 4	

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	OI MAIN	LAND	——— (165)	1000
County Frederick			Registration Dist. No. / 3	30:
Village or City Near Fo		(16	No. Near Forest Grove, Md st., death occurred in a hospital or institution, give its NAME instead of street and ds. How long in U.S. If of foreign birth?	War
				.11105
2. FULL NAME Scott		110 113	If U. S. Veteran, specify WAR None	
(a) Residence: No. N⊖ar I	(Usual place o	of abode)	St., Ward. Near Forest Gro If nonresident give city or town as	Ve, Md nd State
PERSONAL AND STATI			MEDICAL CERTIFICATE OF DEATH	
3. SEX Male 4. COLOR OR RACE White	5. SINGLE, MARI OR DIVORCED Marri	(write the word)	21. DATE OF DEATH 2 (Month) (Day)	193 6 (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Mary Brade	ey		22. HEREBY CERTIFY, Thet I ettende	ed deceased fro
6. DATE OF BIRTH (month, day, end year)	October 2	2. 1878	I last saw h. elive on Sept 22 193	6; death is sel
7. AGE Years Months 57	Days	If LESS than 1 dey,hrs. ormin.	to have occurred on the date stated above, at 6: 45 A.m. The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc	Farmer Own Farm		Broken nek (Suicide ling honging)	10/2/31
Date decessed last worked at this occupation (month and year) 12. BIRTHPLACE (city or town) (State or country)	yland	me (years) It In this 25 Pation 25	Other Contributory Causes of importance: Supplied melancholia	1934
13. NAME Edward F.	F'ry			
14. BIRTHPLACE (city or town).	ryland		Neme of operation Dete of What test confirmed diagnosis? Was there a	n autopsy? 2
# 15. MAIDEN NAME Sarah 16. BIRTHPLACE (city or town) (State or country)	S Prunaryland	B	23. If death was due to external causes (VIOLENCE) fill in also the follow Accident, suicide, or homicide? Suicide Date of injury	
(Address) Near For	tt L. Fry est Grove,		(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC	tate) PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Point of Roc	St. Pauli	Gemeter 19 38	VMenner of injury	
19. UNDERTAKER M. R. Etc. (Address) Frederick	hison & So , Maryland	on i	24. Was disease or injury in any way related to occupation of deceased? If so, specify	Us
20. FILED 0 0 3 6	James	Registrar.	(Signed) Charles N. Coully Ja (Address) Suckeystown, o	Ind. M.

Il more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

V. S. No. 1

Every item of infor-CIANS should state

PHYSICIANS

IS A PERMANENT stated EXACTLY properly classified.

MARGIN RESERVED UNFADING INK-THIS

AGE should be

supplied.

mation should be carefully

-WRITE PLA

B.

CAUSE OF DEATH in plain terms, so that it may

FOR BINDING

Exact statement of OCCUPA.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Other contributory causes of importance:

Gallstones

May 1,1923

Gastroenteritis

1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

STATE OF MARYLAND-CERTIFICATE OF DEATH

PHYSICIANS should state

mation should be carefully supplied. AGE should be stated EXACTLY.

N. B.-WRITE PLAIN

V. S. No. 1

CAUSE OF DEATH in plain terms, so that it may be

UNFADING INK-THIS IS A PERMANENT

MARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

properly classified.

1. PLACE OF DEATH	ILAND	- ISO 1 2	1
County freduck	Fithin the Cor	Propriete limits. Registration Dist. No.	
Village ex City Treduce Length of residence in city or town where deeth occurred,	yrs, me	No. 2 3 2 St., If death occurred in a hospital or institution, give its NAME instead of street and nu ds. How long In U.S. if of foreign birth?	Ward mber) ds.
2. FULL NAME Daby Sa (a) Residence: No. 2.3.2 JE 5 (Usual place o	206	ds. How long In U. S. if of foreign birth?	
PERSONAL AND STATISTICAL PARTIC	CULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE OR DIVORCED OR DIVORCED	(write the word)	21. DATE OF DEAT (Month) (Day)	193 (Yeer)
5e. If married, widowed, or divorced HUSBANO of (or) WIFE of		22 Ly HEREBY CARTIEY. That I ettended de	
6. DATE OF BIRTH (month, dey, end year) 7. AGE Years Months Days	3 6	I last saw have elive on 192 6; to heve occurred on the dete stated above, at	deeth is seid
8. Trade, profession, or particular kind of work done, as SPINNER, Chills SAWYER, BOOKKEEPER, etc	or <u>I.O.</u> min.	The Aller of the CAUGE Of BEATH and related causes of importance	Oate of onset
SAWYER, BOOKKEEPER, etc 9. Industry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc		1 Per men occure	
	me (years) tin this pation	Other Coatributory Causes of Importence:	. 1
12. BIRTHPLACE (city or town) The function (State or country)	ma.		
14. BIRTHPLACE (city or town).	7	Name of operation Date of What test confirmed diagnosis? Was there an au	~ .
I 15. MAIDEN NAME Dozice Shee	obude	23. If death was due to external causes (VIOL ENCE) fill in elso the following:	
16. BIRTHPLACE (city or town) Knowledge (State or country)	e di	Accident, suicide, or homicide? Dete of injury Where did injury occur?	
17. INFORMANT John Saste (Address) Frederick	The S.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLAC	
18. BURIAL, CREMATION, OR REMOVAL Place the Small Date CX	5 ,1936	Menner of Injury	
19. UNOERTAKER 6. E. Colores V (Address) Traducing	Lon	24. Was disease or injury in any way related to occupation of deceased?	ha
20. FILED 5_ Q. cf., 1936 - Dra J. M.	5 Curdy Registrar.	(Signed) (Address)	M. I

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Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis = 1036	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV	July 5,1927	Peritonitis	3 days ago
NUMEAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



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(M)	tom
	b

PHYSICIANS should state Exact statement of OCCUPA. N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. See instructions on back of certificate. TION is very important.

MARGIN RESERVED FOR BINDING mation should be carefully supplied.

:	1. PLACE OF DI		JF MAR	TLAND—	EXTIFICATE OF DEATH	10000
	County_Tanad	erick			Registration Dist. No. 13	2.
	Village or City	Myersvil	le	(lf	NoSL,St.,St. St.,St. St.,	Ward d number)
:	2. FULL NAME.	Louis P.			If U. S. Veteran, specify WAR	
	(a) Residence: No)	(Usual place	of abode)	St., Ward. If nonresident give city or town a	nd State
	PERSONAL	AND STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH	
3.		hite		RRIED, WIDOWED, ED (write the word) WEQ	21. DATE OF DEATH Oct 144	, 193 (Year)
5a.	. If married, widowed, or HUSBAND of (or) WtFE of	iary S. C	reen		22. OF HEREBY CERTIFY That Lattender 1936 to OF	ed deceesed from
6.	DATE OF BIRTH (month	, day, and year) Se	pt.13,1	853	I tast saw h Lun elive on OCX / 3 1931	5_; death is said
7.	AGE Years	Months	Deys	If LESS than I dey,hrs. ormin.	to have occurred on the date steted above, etm. The PRINCIPAL CAUSE OF DEATH end related causes of importance were as follows:	Oate of onset
OCCUPATION	9. Industry or busines	ne, as SPtNNER, KEEPER, etc ss in which			Cerebral Newsolinge	10-73
OCCU	SAW MILL, BAN 10. Date deceased tast this occupation year)	es StLK MILL, IK, etc	11. Total	time (years) ent in this 7 supetion		
12	. BIRTHPLACE (city or to (State or country)	wn) liyers	ville,Mo		Other Coutributory Causes of importance:	
ER	13. NAME Wil	liam Gre	en			
FATHER	14. BIRTHPLACE (city of	or town) Liver	sville,	11d.	Neme of operation_ZCCQQ Date of Whet test confirmed diagnosis? Was there a	
ER	15. MAIDEN NAME	Margaret	Dubel		23. If death wes due to externel causes (VtOL ENCE) fill in also the follow	
MOTHER	16. BIRTHPLACE (city (erson	Md.	Accident, suicide, or hemicide? Oete of injury	, 19
	. INFORMANT TV8. (Address) ITV6	rsville,	Md .		Specify whether injury occurred in INOUSTRY, In HDME, or in PUBLIC	tate) PLACE.
18.	BURIAL, CREMATION, D	R REMOVAL	m Oate Oct	.16, ₁₉ 36	Manner of Injury	
	UNDERTAKER Glad (Address) Mi	ddletown	pany Jones	Duno	24. Was disease or injury In any way related to occupation of deceased? If so, specify (Signed) Auf	200 M. D.
- 4		-,		Registrar.	(Address)	n.a

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

V. S. No. 1

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Example	I	11	Example II	
The principal cause of death and of importance were as follows:	related causes	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	MEDI	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		1921	Run over by street car	1 week ago
Cerebral hemorrhage 1 10 5		July 5,1927	Peritonitis	3 days ago
BUREA	1 V. 3.	į.	A	
Other contributory causes of impo			Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
	A Ex the second			
				1

MARGIN RESERVED FOR BINDING

V. S. No. 1

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT K-COKD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-N. B.—WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate.

STATE OF MARYLAND—	CERTIFICATE OF DEATH 0364 CO
1. PLACE OF DEATH	
County Frederick Within the word	Registration Dist. No.
Village or City Frederick.	" Evadous (1:1 Hazzila)
(II	death occurred in a hospital or institution, give it NAME instead of street and number)
Length of residence in city or town where death occurred yrs mos.	O ds. How long In U.S. if of foreign birth? yrs. mos. ds.
2. FULL NAME Jefer Stove	Thus Vateraly, specify WAR NONC
(a) Residence: No. LOVEHSVILLE, Va. (Usual place of abode)	St., Ward & Joseph Jan V
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
Male White OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	
(or) WIFE of Lucy K Grove	22. OCH BEREBY CERTIFY. Thet I attended deceased from
6. DATE OF BIRTH (month, day, and year) Jan, 24, 1863	I last saw h M.S. elive on OCY 11 3 G death is said
7. AGE Years Months Days If LESS than	to have occurred on the date steted above, at 6, 30 m.
73 8 17 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance
8 Trade profession or particular	Date of onset
SAWYER, BODKKEEPER, etc.	ucule Cardiac Detitaling Och!
9. Industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc	770
Date deceased last worked at 11. Total time (years)	The operation was performed for lenign pos-
this occupation (month and June 1925 spent in this 40 occupation 40	tate enlargement. Suration : two Jeans Culting
12. BIRTHPLACE (city or town) Broad Run,	Other Contributory Causes of importance:
(State or country) Frederick Co Mid	Maenia.
13. NAME Samuel L. Grove	()
13. NAME Samuel L. Grove 14. BIRTHPLACE (city or town) Frederick Co. Nd.	Name of operation No Calectonic Date of OW 4-36
(State of country)	What test confirmed diagnosis? Was there an autopsy?
16. BIRTHPLACE (city or town) Frederick Ca. Md	23. If death was due to external causes (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Frederick Ca. Md (State or country)	Accident, sulcide, or homicide?
Faxl C Grave	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT FAY C. Grove (Address) Love Hs ville, Va	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL.	Manner of injury
Place (E. Cem Middle Date OCK 14, 1936	Nature of injury
19. UNDERTAKER Gladhill Co	24. Was disease or injury in any wey related to occupation of deceesed?
(Address) Fordallan, hil	If so, specify COD
20. FILED 3-0 Ut. 1936. Drs In Conde	(Signed) Thomas M.D.
Registrar.	(Address) Predemich lied

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	A III	Example II	
The principal cause of death and related causes of importance were as follows.	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1935	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 3 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

If

RESERVED

Oate of onset

Was there an autopsy?_______

more blanks are s	needed, address State F	egistra	r sarr N	Charles Street	Raltimove	Domeste	en 971 C	Na	

STATE OF MARYLAND—CERTIFICATE OF DEATH

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Example I	i i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago
WEAU Y. 8.			
Other contributory causes of importance:	The second secon	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state 5. Every item of infor-B.-WRITE PLAINEY, WITH UNFADING INK-THIS IS A PERMANENT MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND-	CERTIFICATE OF DEATH . 10366
1. PLACE OF DEATH	131
County frederick	Registration Dist. No.
Village or City Federick	No. 216 O Paluela St., Ward If death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where deeth occurred	s ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Intont Girl Ha	ellar If U. S. Veteran, specify WAR March
(a) Residence: No. 21 18 6. Statrich	St., Ward. 8
(Usdal place of abode)	hederich hul . If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) OR DIVORCED (write the word)	21. DATE OF DEATH (Month) (Dey) (Year)
le. If merried, widowed, or divorced HUSBAND or (or) WIFE of	22. HEREBY CERTIFY, Thet I ettended deceesed from
0.4-1.651	1936, to 19-1, 1985
6. DATE OF BIRTH (month, dey, and year) SCC - 1, 1936	
7. AGE Yeers Months Deys If LESS then	to heve occurred on the dete steted above, atm.
or 3 Dmin.	were as follows:
8. Trade, profession, or perticular kind of work done, es SPINNER SAWYER, BOOKKEPER, etc.	than his
SAWYER, BOOKKEEPER, etc. 9. Industry or business in which	Jamester Dell
work wes done, es SILK MILL, Jufored	76 /c 710
11. Total time (yeers) this occupetion (month and	
yeer) occupetion	Other Contributory Causes of importence:
tz. BIRTHPLACE (city or town)	
(State or country)	
13. NAME Clarence 6. Hallal	
14. BIRTHPLACE (city or town)	Name of operation Dete of
(State of county)	What test confirmed diegnosis? Wes there an autopsy? 👊
15. MAIDEN NAME Warlalle y. fogle	23. If deeth wes due to externel ceuses (VIOLENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	Accident, suicide, or homicide?, 19, 19, 19
(Stete or country)	Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Carles O Halfal (Address) Frederick mid	Specify whether Injury occurred In INDÚSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION OR REMOVAL Dete Oct 3, 19.3	Menner of Injury
19. UNDERTAKER M. R. Cleth sore of for (Address)	24. Wes disease or Injury in eny wey releted to occupetion of deceased?
20. FILED 2 - O. C. 1936. Die J. Mr. Curdy Registrary	(Signed) A factor M. D. (Address) Tukeney
If more blanks are needed, address State Registrar	r, 2412 N. Charles Street, Baltimore, Requesting U. S. No. 2.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Ex	ample I	0 110	Example II	
The principal cause of deat of importance were as follow	VS: Market	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NOV 5 1936	1916	Attack of epilepsy	1 week ago
Chronic interstitial nephritis		G 1921	Run over by street car	1 week ago
Cerebral hemorrhage	KUREAU V.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of	f importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year
•				

AGE should be stated EXACTLY.

be properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may

TION is very important.

mation should be carefully supplied.

PHYSICIANS should state Exact statement of OCCUPA-

D. Every item of infor-

STATE OF MADVI AND—CEPTIFICATE OF DEATH

STATE OF MARTEAND	CERTIFICATE OF BEATT
1. PLACE OF DEATH	(44-7)
County Frederick	Registration Dist. No. 130
Village or City Point of Rocks	No. Point of Rocks St., Ward death occurred in a hospital or institution, give its NAME instead of street and number)
(If Length of residence in city or town where death occurred_2Q_yrsmos.	death occurred in a hospital or institution, give its NAME instead of street and number)ds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Mrs. Helen May Hanes	If U. S. Veteran, specify WAR None
(a) Residence: No. Point of Rocks	St., Ward.
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS 3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
female white OR DIVORCED (write the word) married	October 15th., 193 6 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of	22. A I HEREBY CERTIFY That I attended deceased from
(or) WIFE of Charles W. Hanes	Oct. 14 1936 to Oct. 15 1936
6. DATE OF BIRTH (month, day, and year) September 2 189	Tlast saw h. L. alive on Oct. 15 1936; death is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, et 6:15Pm.
41 1 14 Iday,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance were as follows:
8 Trade profession or particular	Date of onset
SAWYER, BOOKKEEPER, etc.	abortion, with acute
9. Industry or business in which At home work was done, as SILK MILL,	nephrilis 10-12-36
(1) 10 Pate decased last worked at	abbirtion, with himserhage 10.12.36
this occupation (month and 10/13/36 spent in this 20 occupation	
12. BIRTHPLACE (city or town) Naryland	Other Cantributory Causes of importance:
(State or country)	
13. NAME Harry Devilbiss	
13. NAME Harry Devilbiss 14. BIRTHPLACE (city or town) Maryland	Name of operation Date of
(State or country)	What test confirmed diagnosis? Was there en autopsy?_ X.o.
15. MAIDEN NAME Rose Strine	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) Maryland	Accident, suicide, or homicide?, Date of Injury, 19
(Clate of County)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Chas. W. Hanes (Address) Point of Rocks, Md.	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Point of Rocks	Manner of Injury
Place St. Pauls Cem Date Oct. 19, 19. 36	Neture of injury
19. UNDERTAKER M. R. Etchison & Son (Address) Frederick, Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED oct 16, 1936 Justicelle Registrar.	(Signed) Charles A- Oxelly S. M. D. (Address) Bucklystaum, Ind.

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	8	Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	of importance were as follows:		
Arteriosclerosis	1915	Attack of emlepsy	1 week ago	
Chronic interstitial nephritis NOV 3 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
BUREAU V. S.	3 6			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

rallstones	May 1,1928	Gastroenteritis	1 year
			6
ADDITIO	NAL SPACE FOR FURTH	ER STATEMENTS BY PHYSICIAN	
		Α	

-WRITE PLAIL

V. S. No. 1

TION is very important. See instructions on back of certificate.

b. Every item of infor-

STATE OF MARYLAND	CERTIFICATE OF DEATH	0368
1. PLACE OF DEATH	92-0	
County Frederick	Registration Dist. No. 13	7
Village or City Sicherty	NoSt.,	Ward
	death occurred in a horpital or institution, give its NAME instead of street and street	
60 17100	yisyisyis.)505.
2. FULL NAME Caward Habber	1	7
(a) Residence: No. (Usual place of abode)	St., Ward. Honoresident give city or town and	State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	,
male white widowed	(Month) (Day)	(Year)
5a. If married, widowed, or divorced HUSBAND of		
Margarett a. Sarther Hold	22. Och - 16 11 19 36 to Ch - 22	
6. DATE OF BIRTH (month, day, end year) Zune 23 1838	I last saw hun alive on Och - 22 nd 19 36	Q; death is said
7. AGE Years Months Oays If LESS than	to have occurred on the date stated above, at 3. P. m.	
98 3 29 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importence were as follows:	Date of onset
Trade, profession, or particular kind of work done, as SPINNER,		
SAWYER, BOOKKEEPER, etc.	O. S. J. Homeson	al ach
work was done, as SILK MILL, SAW MILL, BANK, etc.	eccoracovimenta-j_	CON A
O TO. Date deceased last worked et 11. Totef time (years)		-
year) this occupation (month end 1104 spant in this occupation 53	Other Contributers Causes of importance:	
12. BIRTHPLACE (city or town) Leberty	Mitral Regurg Nation	1926
(State or country) Manyland	arterio-Scheroses	1926
13. NAME William Hable		
13. NAME Wellson Neelle 14. BIRTHPLACE (city or town) Liberty (State or country)	Neme of operation Oate of	
(State of country)	Whet test confirmed diagnosis? Wes there en	autopsy?
15. MAIDEN NAME Susaa Dorrey 16. BIRTHPLACE (city or town) Suellerung	23. If death was due to externel causes (VIOL ENCE) fill in elso the following	g:
16. BIRTHPLACE (city or town) Judency	Accident, suicide, or homicide? Oate of Injury	, 19
(State or country) many land	Where did Injury occur? (Specify city or town, county and Sta	te)
17. INFORMANT Mrs. Juliet Durille	Specify whether injury occurred in INDÚSTRY, in HOME, or in PÚBLIC PL	
18. BURIAL, CREMATION, OR REMOVAL	Manner of Injury	
Place MT. Oliver Bear Oate 10/24, 1936	Nature of injury	4
19. UNDERTAKER Hang E. Cant Con	24. Was disease or injury in eny way related to occupation of deceased?	no
(Address) I to damp, Ind	If so, specify	
20. FILED 10/24 1936 200 Culturan	(Signed) World of 1 X 10000	M. O.
Registrar.	(Address) Q way foron, ma	

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1 -100	Example I	il	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis Chronic interstitial nephritis NOV 3 1936		1915	Attack of epilepsy	1 week ago
		1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5,1927	Peritonitis	3 days ago
		,		
Other contributory	causes of importance:	-	Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

1	item of infor-	should state	of OCCUPA-	
1	Conb. Every	PHYSICIANS	xact statement	
MARGIN RESERVED FOR BINDING	-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT MICOND. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	ate.
VED FOR	THIS IS A	ild be stated	ay be proper	ck of certific
IN KENER	DING INK-	. AGE shou	so that it m	uctions on ba
MAKG	WITH UNFA	fully supplied	n plain terms,	nt. See instri
Military, mili	PLAINLY, 1	hould be care	OF DEATH in	TION is very important. See instructions on back of certificate.
1 .	-WRITE	mation sl	CAUSE (TION is

V. S. No. 1 Z B

	TEIN GERPORA	ST ST	FATE C	F MAR	YLAND-	CERTIFI	CATE OF	DEAT	Н	10369
1	. PLACE OF	DEAT	Н				- 947			1000
	CountyF	rede	rick				Re	gistration Dis	st. No. 141	
	Village or Cit	y Br	unswick	Σ		No. 320	Maple Ave	e NAME:	St.,	Ward
	Length of reside	ence in city	y or town whare d	death occurrad 3	O yrs mos	death occurred in a s	hospital or institution, giv long in U.S. if of foreig	n birth?	stead of street and	number)
2							J. S. Veteran, specify			
			20 Mapl			St.		y WARLESSON	W. S	
				(Usual place	e of abode)		I f		e city or town an	d State
				ICAL PART			EDICAL CERTI	FICATE C	OF DEATH	
			R OR RACE	OR DIVORCE	RRIED, WIDOWED, ED (write the word)	21. DATE OF	F DEATH Oct	ober 2	9,	, 193 ⁶
	nale white widow				WC	-	(Mon	th)	(Day)	(Year)
58.	HUSBAND of (or) WIFE of			na		22.	Ab	RTIFY	That attenda	daceased from
6. 1	DATE OF BIRTH (m	nonth, dey,	, and year) De	eb. 6.	1861	I last saw h		62	8 197	6 daeth is said
_	AGE Yaars		Months	Days	If LESS then		on tha date statad above			
	65	1	8	23	1 dey,hrs. ormin.	Tha PRINCIPAL (CAUSE OF DEATH and I	ralated causes o	of importanca	Date of onset
NO	Trade, profession, or particular kind of work dona, as SPINNER, Retired					7				
ATIC	SAWYER, E	BOOKKEEP usinass in	YER, etc	10 O D	T)	- 10000	40 0-		4. 0	9
OCCUPATION	9 Industry or by work was o SAW MILL	done, as SI , BANK, et	iLK MILL, □ •	& U. A	. R.	Cocco	vary de	KAN	uo.	
000	10. Date deceased	d last work	ked at 1930	11. Total t	time (yeers) ent in this 30 cupation		J			
12.	BIRTHPLACE (city (State or count	or town)_	Maryla	and		Other Contributor	y Causes of importence:			
ER	13. NAME Wm	1. T.	Jeams							
FATHER	14. BIRTHPLACE (wn) Mary	yland			n	ens	2 Date of	
ER	15. MAIDEN NAM	e Ca	roline	Bennet	t		e to external causes (VI			
MOTHER	16. BIRTHPLACE (nn) Mar	yland			or homicida?			
17. INFORMANT Miss: Julia V. Jeams (Address) Brunswick. Md.			(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.			ate) LACE.				
18.	BURIAL, CREMATIC	ON, OR RE	EMOVAL				*			
	Place_St.	Paul	s Pt.R	oome oc.	t31,19.36	Nature of injury_				
	UNDERTAKER (Addrass)	Fred	R. Etchi derick,	Md.	Son adjus Registrar.	24. Was disaase or If so, specify (Signed) (Addr	injury in any way ralat	ted to occupation	on of deceased	gueffico.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset	
Arteriosclerosis	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis NOV 6 1936	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
	3			
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	
\	- 1,			

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	\mathbf{BY}	PHYSICIAN

AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

mation should be carefully supplied.

TION is very important.

See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA-

STATE OF MARYLAND—CERTIFICATE OF DEATH

14	0	0	304	1	h
	11	1	100	ŧ	ŀ

1. PLACE OF DEATH		92-2
County Frederick		Registration Dist. No. 132
Village or City	n	No. St., Ward f death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if of foreign birth?
Length of residence In city or town where dea	(Ii th occurredvrsmos	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds.
2. FULL NAME Cecelia F	The state of the s	
(a) Residence: No.		If U. S. Veteran, specify WAR
(a) Nesidence. No.	(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTIC	AL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female 4: color or RACE S	. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH Of 20, 193 G (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Martin I.a		22. I HEREBY CERTIFY, That I attended deceased from 19, 19, 19
6. DATE OF BIRTH (month, day, and year) OCt.	29.1863	I last saw h alive on, 19; death is said
7. AGE Years Months	Oays If LESS than	to have occurred on the date stated above, at
72 10	21 1 day,hrs. ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, HOIS SAWYER, BOOKKEEPER, etc	II. Total time (years) spent in this occupation 50	Valvulor heast: Complications
12. BIRTHPLACE (city or town) lliddleto (State or country)		Other Contributory Causes of importance:
13. NAME David Koogle		
13. NAME David Koosle 14. BIRTHPLACE (city or town) Middle: (State or country)	town, Md.	Name of operation Date of What test confirmed diagnosis? Was there an autopsy?
监 IS. MAIDEN NAME Ann Lighte:	r	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) 111ddl (State or country) 11d.	etown	Accident, suicide, or homicide?Oate of injury19
17. INFORMANT Tilther Kepler (Address) Hiddletown		Specify whether injury occurred in INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Tucht. Cem. Midd	Oate 10/25 ,1936	Manner of injury
19. UNDERTANCE Cle dhill Comp (Address) liiddle town,	any Md.	24. Was disease or injury in any way related to occupation of deceased?
20. FILED D. et . 27 ., 19 D. Foray	Registrar.	(Signed) M. D. (Address) M. D. (Address) M. D.
If more bla	nks are needed, address State Registrar,	, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.
9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk,

Example I	li	Example II		
The principal cause of death and related earses of importance were as follows:		The principal cause of death and related causes of importance were as follows:	Date of onset	
Arterioselerosis	1915	Attack of epilepsy .	1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV 5 1930	July 5,1927	Perilonitis	3 days ago	
BUREAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

V. S. No. 1

mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-TION is very important. See instructions on back of certificate. D. Every item of infor-Y, WIN UNFADING INK-THIS IS A PERMANENT N. B.—WRITE PLAR

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH /	(131)
county Frederick	Registration Dist. No.
Village or City Montevus	No. Mergury Hospital Ward death occurred in a horpital of institution, sife its NAME/instead of street and number)
	ds. How logg in U.S. if of foreign birth?
2. FULL NAME John Keys	If v. s. veleran, specify WAR Jane
(a) Residence: No. Mr. Linion ville Mid	St, Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCEO (write the word)	21. DATE OF DEATH (Month) (Oay) (Year)
5a. 1f married, widowed, or divorced HUSBAND of	
(or) WIFE of Mary Thompson	22. I HEREBY CERTIFY. That I attended daceased from
6. DATE OF BIRTH (month, day, and year) June 2-1856	I last waw hime alive on Oct 5 , 19 36; death Is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
50 4 4 1 dey,hrs, ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of Importence were as follows:
8. Trade, profession, or particular kind of work dona, as SPINNER,	
SAWYER, BOOKKEEPER, etc. Sarorers 9. Industry or business in which	Clarge pectares Octo
kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Data deceased last worked at this occupation (month end	
10. Data deceased last worked at this occupation (month end 19 26 spent in this occupation)	
12. BIRTHPLACE (city or town)	Other Contributary Causes of Importance:
(State or country)	Vale -: & Teat T - 0 1930
II 13. NAME John Kend	replevitie
13. NAME John Key 14. BIRTHPLAGE (city or town) Mad	Name of operation Date of
(Stata of country)	What test confirmed diagnosis? Was there an autopsy? 200
15. MAIDEN NAME Jane Lisher	23. If death was due to external causes (VIOLENCE) fill in also the following:
[16. BIRTHPLACE (city of town)	Accident, suicide, or homicide?
(Stata or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Thes adelaberger, Montenus (Address) Frank erica Mid	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL.	Manner of injury
Place ald Field - Kingowski 9. Och 1930.	Neture of Injury
19. UNDERTAKER Lossell & alharigh (Address) Libertaker while	24. Wes disease or injury in eny way related to occupation of deceased?
20. FILED & - Q Cl., 1936 . Qual & M. Curely. Registrar.	(Signed) DOCa M. O. (Address) Parkend, Bard
	2412 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 2 1000	July 5,1927	Peritonitis	3 days ago
MIREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

Tallstones		May 1,1923	Gastroenteritis	1 year
	ADDITIONAL SPAC	E FOR FURTH	ER STATEMENTS BY PHYSICIAN	ı

MARGIN RESERVED FOR BINDING

V. S. No. 1

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10372
1. PLACE OF DEATH	
County transcer	Registration Dist. No.
Village or City Firederick	No. Emercuse Bassital Ward
Length of residence in city or town where daath occurredyrs_2mos	death occurred in a horpital of institution, give its NAME, instead of street and number) ds. How ions in U.S. if of foraign birth? yrs. mos. ds.
2. FULL NAME John Wifeling	Call's
(a) Residence: No. The deriver M.S. (Caseto S Ward (no mai veleran)
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS 3. SEX	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) Magnety	21. DATE OF DEATH
5a. If married, widowed, or divorced HUSBAND of	(Month) (Day) (Year)
(or) WIFE of JOHN W. KLIPP	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Fish. 17 1885	last sow h involve on Oct 20, 1936; death is sald
7. AGE Years Months Oays If LESS than	to have occurred on tha date stated abova, at
51 8 14 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
Trade profession or posticular	were as follows: Date of onset
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	Carcinomico of 906
9. Industry or business In which work was dona, as SILK MILL, Lank, atc.	Janerens Y Ester
9139	Orobably program in liver a Cutt R.
10. Data deceased last worked at this occupation (month and 1.9.36 spent in this occupation)	Both liver 3d pomeress insolved, when opported
12. BIRTHPLACE (city or town) Luduck	Other Contributory Causes of importance: upon, Duration = 3 or 4-months.
(State or country) Md	On incision was mode and closed up
13. NAME 14. BIRTHPLACE (city or town)	Physician did not see case before book italization
14. BIRTHPLACE (city or town)	Name of operation explanatory laparatory Date of
(State or country)	What test confirmed diagnosis?
15. MAIDEN NAME Francis Hart 16. BIRTHPLACE (city or town) Mayland	23. If death was due to external causes (VIOL ENCE) fill in also the following:
16. BIRTHPLACE (city or town) Marylands (State or country)	Accident, suicide, or homicide? Data of injury, 19
M. G. A. A.	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT / Has Mallo perges Moulieux	Specify whether Injury occurred In INOUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	Manner of injury
Place Work Cen Date Mar 3 ,1936	Nature of injury
19. UNDERTAKER Conrad Huneral Home, (Addiess) Guedenck Maryland.	24. Was disease or injury In any way related to occupation of deceased?
20. FILEBJ-Man., 1936. Dru J. W. Gudy. Registrar.	(Signed) B. O. H. D. M. D. (Address) Full M. D.
If more blanks are needed, address State Registrar, 2	ALL N. Charles Street, Baltimore Requestion 71 S. No

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Dite of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 3 100 NOV 3	July5,1927	Peritonitis	3 days ago
Other contributory causes of importance:	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

BINDING

FOR

ARGIN RESERVED

S. No.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I	- 1	Example II	
The principal cause of death and related causes of importance were as follows: Arterioselerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUREAU Y. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Sy Tank

V. S. No. 1

TION is very important. See instructions on back of certificate.

S ⁻	TATE OF	MARY	LAND-	CERTIFICATE OF DEATH	10371
1. PLACE OF DEAT		an a Close	not ester MANAGER	- (I-a)	3/
County Freder	rick with	in the cor	DOLWIA WITHER	Registration Dist. No. / C	X.1
Village or City Fr€	derick		· · · · · · · · · · · · · · · · · · ·	No. Wilson Avenue St., death occurred in a hospital or institution, give its NAME instead of street and	Ward
Length of residence in cit	y or town where deat	h occurred	1 10	ds. How long in U.S. if of foreign birth?yrs	
2. FULL NAME	Minnie El	Lizabet	h Miller	ICU, S. Veteran, specify WAR None	
(a) Residence: No. 2		arket	4	St., Ward Ab	
		(Usual place o	- / / /	devil md den If nonresident give city or town as	nd State
PERSONAL ANI				MEDICAL CERTIFICATE OF DEATH	
	or RACE 5.	or Divorced Single	IED, WIDOWED, (write the word)	21. DATE OF DEATH October 12th	9, 193 6 (Year)
5a. If married, widowed, or divor HUSBAND of (or) WIFE of	ced			22. I HEREBY CERTIFY That attende	. ,
6. DATE OF BIRTH (month, day,	and year) Set	tember	29, 187		6.; death is said
7. AGE Years	Months	Days	if LESS than	to have occurred on the date stated above, at	
65	0	13	l day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	Date of onset
8. Trade, profession, or pa	IS SPINNER. HO	ouse Wo	nk	were as follows: Tobar Prieumons	
SAWYER, BOOKKEEI	ER, etc.		T 17		ــــــــــــــــــــــــــــــــــــــ
work was done, as S SAW MILL, BANK, e	ILK MILL. A 1	t Home			
10. Date deceased last world this occupation (mon	th and	11. Total tin	ne (years) tin this 40		
yaar)12_	y. 1936	- occul	pation	Other Contributory Causes of importance:	P
12. BIRTHPLACE (city or town)	Mary	land		and fine	
(State or country)	Miller	7007700		o ywenzw.	9
Ε					
4 14. BIRTHPLACE (city or town (State or country)	Maryla	and		Name of operation Date of What test confirmed diagnosis? Anath Was there as	NA NA
# 15. MAIDEN NAME El				23. If death was due to axternal causes (VIOLENCE) fill in also the following	
15. MAIDEN NAME Eli				Accident, suicide, or homicide? Date of injury	
≤ (State or country)	Maryla	and		Where did Injury occur?	
17. INFORMANT Mrs. (Address) Wilso	Rosa Put			(Specify city or town, county and S Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC I	tate) PLACE.
18. BURIAL, CREMATION, OR RI		Date Oct	14,1936	Manner of injury	
19. UNDERTAKER M. I	R. Etchis	son & S	-7-7	24. Was disease or injury in any way related to occupation of deceased?	MO.
1.77	936 Du	- mca	udy > Registrar.	(Signed) Total Williams (Address) Total August	- 3 M.O.
	If more bla	nks are needed, ac		2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.	

Statement of occupation .- Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I	i	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 5 1936	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
Eliza e Sula e Constanti de Con			

mation should be carefully supplied.

N. B.

1	. PLACE OF	DEATH			460
	County F3	rederick	MARINE !	the Corporate i	Registration Dist. No.
		Frederick	ζ		No. Frederick City Hospitad, Wal
	length of resides	nce in city or town where d	leath occurred 30		thath occurred in n hospital or institution, give its NAME instead of street and number) ds. How long in U.S. if of foreign birth?yrsmos
		E Mrs. Mar			
				<u> </u>	U. S. Veteran, specify WAR
	(a) Residence	: No. 341 E. S	(Usual place	of abode)	St. Ward. If nonresident give city or town and State
	PERSONA	L AND STATISTI	CAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH
3.	female	white	5. SINGLE, MAI OR DIVORCE Widow	RRIED, WIDOWED, ED (write the word)	October 14th, 193 6
5a.	If married, widowed HUSBAND of	, or divorced			
	(or) WIFE of [harles E. 1	Myers		22. I HEREBY CERTIFY, That I attended deceased from 1936, to Oct. 14, 1936
6.	DATE OF BIRTH (me	onth, day, and yeer) Ma	y 9, 18	87	I last saw h. C.P. alive on O.L. 13 , 19 36; death is sa
7.	AGE // Years	Months	Days 5	If LESS than 1 day,hrs.	to have occurred on the date stated above, at 2.00 Am. The PRINCIPAL CAUSE OF DEATH and related causes of importence
	1 49	5	5	ormin.	were as follows:
NO	8. Trade, profession kind of wor	k done, as SPINNER,	Housew	ork	Caremona of Sigmoid & Intestructions 1933
OCCUPATION	SAWIER, D	UUNNEEPER, etc	t home		173
SUP	SAW MILL,	one, as SILK MILL, BANK, etc			_
00	10. Date deceased this occupat	last worked at tion (month and 5/36	6 11. Total	time (years) 30	
_	year)		1 000	cupation	Other Contributory Causes of importance:
12.		or town) W. Vi	rginia		Remarke of Unemania o
2	(State or country		-1		abdominal hetastases 193
FATHER		mes R. Arm	strong ginia		61435 Reveture of Sygnand
FA	14. BIRTHPLACE (d	,,	5-11		Name of operation of 936 - What test confirmed diagnosis? Operation was there an autopsy?
ER	15. MAIDEN NAME	Sarah He:	rndon		23. If death was due to external causes (VIOLENCE) fill in also the following:
MOTHER	16 DIDTUDIACE /	city or town)	oinia		Accident, suicide, or homicide? Date of injury, 19
W	(State or co				Where did injury occur?
17.		rs Chas.		r.	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18	BURIAL, CREMATIO	N, OR REMOVAL			Manner of injury
	Place Mt. Q	livet Cem.	H'mad Qc	t. 1/,1936	Nature of injury
19	UNDERTAKER M	R. Etch	son & S	Son	24. Was disease or injury in any way related to occupation of deceased?
	(Address) F	R. Etchi	Md	0	If so, specify
20	FILED 5 - CO	J. 1936. 21	a killi	Curley.	(Signed) Funk Mborthungh M (Address) Fuderick h.L.
			7	Registrat.	(Address)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I		Example II	A
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephratis NOV 5 1933	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
REINFAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL	SPACE	FOR	FURTHER	STATEMENTS	BY	PHYSICIA	N

STATE OF MARYLAND-CERTIFICATE OF DEATH

item of infor-	should state	of OCCUPA.	
-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-	mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state	CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPA-	
PERMANENT	EXACTLY.	y classified. E	ite.
HIS IS A F	be stated	be properl	of certifica
NG INK-T	AGE should	that it may	ions on back
TH UNFADI	y supplied.	ain terms, so	See instruct
AINLY, WIT	d be carefull	DEATH in pl	important.
-WRITE PL.	mation shoul	CAUSE OF 1	TION is very important. See instructions on back of certificate.

FOR BINDING

MARGIN RESERVED

1. PLACE OF DEATH County Frederick Registration Dist. No. 182 Village or City Middletown RFD No. St.,

(If death occurred in a hospital or institution, give its NAME instead of street and number) Length of residence in city or town where death occurred ______vrs._____mos._____ds. How long In U.S. if of foreign birth? _____yrs._____mos.___ 2. FULL NAME Delia Nadeau If U. S. Veteran, specify WAR_____ (a) Residence: No. PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH 3. SEX 4 COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED. 21. DATE OF DEATH OR DIVORCED (write the word) Female White Widowed 5a. If married, widowed, or divorced HUSBAND of I HEREBY CERTIFY. That I attended deceased from John B. C. Nadeau (or) WIFE of May 18, 1868 6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months If LESS than Davs 1 day.___hrs. The PRINCIPAL CAUSE OF DEATH and related causes of Importance 68 5 or ____ min. Date of onset_ 8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. House Wife 9. Industry or business in which work was done, as SILK MILL. SAW MILL, BANK, etc. 10. Date deceased last worked at 11. Total time (years) this occupation (month and year) 1936 spent in this 20 South Bridge 12. BIRTHPLACE (city or town). Mass. (State or country) Joseph Gaudette Milbury Name of operation Lucro 14, BIRTHPLACE (city or town) (State or country) Mass. What test confirmed diagnosis? Was there an autopsy? 24 MOTHER 15. MAIDEN NAME Pheobe Mitchell 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, of homicide?______0ate of injury______19. 16. BIRTHPLACE (city or town)_____ (State or country) Canada (Specify city or town, county and State) Lloyd Bertgis Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE. Middletown. IId. (Address) 18. BURIAL, CREMATION, OR REMOVAL Frederick PlaceSt. Johns Cem. Oate 10/26 ... 19 36 Gladhill Company 24. Was disease or injury in any way related to occupation of deceased? 19 UNDERTAKER Middletown Mry If so, specify ...

If more planks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done.

9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the accuration avail the use of such indefinite terms as

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eres	Example 1		Example II	
The principal cause of importance were	of weath and related causes stollows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NOV 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial nep	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUREAU V. S.	July 5, 1927	Peritonitis	3 days ago
Other contributory c	auses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

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7. AGE

CCUPATION

FATHER

important.

6. DATE OF BIRTH (month, day, and year)

8. Trade, profession, or particular

12. BIRTHPLACE (city or town (State or country)

14. BIRTHPLACE (city or town)
(State or country)

16. BIRTHPLACE (city or town)

(Address)

(Address)

(Stata or country)

18. BURIAL, CREMATION, OR REMOVAL

13. NAME

kind of work dona, as SPINNER, SAWYER, BDDKKEEPER, etc....

this occupation (month and

Months

Yaars

88

statement

S. No.

STATE OF MARYLAND—CERTIFICATE OF DEATH 1. PLACE OF DEA County Village or City 88 or town where death occurred_ ____ds. (a) Residence: No. (Usual place of abode) PERSONAL AND STATISTICAL PARTICULARS 3. SEX 5. SINGLE, MARRIED, WIDOWED, 4. COLOR OR RACE OR-DIVORCED (write the word) relowed 5a. If married, widowed, or divorcad HUSBAND of 22.

Days

11. Total time (years)

spant in this

If LESS than

1 day,....hrs.

Registration Dist. No. (If death occurred in a hospital or institution, give its NAME instead of street and number) How long in U.S. if of foraign birth?_____yrs._ If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH 193 6 (Month) (Day) (Year) BY CERTIFY, That I attended deceased from Date of onsot What test confirmed diagnosis? 23. If death was due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?______ Date of injury_____ Where did Injury occur? ____ (Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HDME, or in PUBLIC PLACE. Manner of injur Nature of injury 24. Was disease or injury in If so, specify

Registrar.

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Example I		Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis NOV 3 1936	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 wcek ago
Cerebral hemorrhage BUREAU V. S.	July 5,1927	Perilonilis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

£ .	,	(82-a)	
County Tuckerses		Registration Dist. No	141
Village or City Knowl	& •	ND.	t.,
Length of recidence in city or town where		f death occurred in a hospital or institution, give its NAME instead of stre sds. How long in U.S. If of foreign birth?yrs	
	A A/		
2. FULL NAME anna	a Weenberg	If U. S. Veteran, specify WAR	
(a) Residence: No.	(Usual place of abode)	St., Ward. If nonresident give city or too	vn and
PERSONAL AND STATIST		MEDICAL CERTIFICATE OF DEA	-
3. SEX 4. COLOR OR RACE	5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH ON	
632mil relate	OR DIVORCED (write the word)	69 15	-
5a. If married, widowed, or divorced	widow	(Month) (Day)	7-77
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, Than at	tended d
June 1 tel	munger	,1936, to	
6. DATE OF BIRTH (month, day, and year)	My 15 1836	Uast saw h	76
7. AGE Years Months	Days If LESS than 1 dayhrs.	to have occurred on the date stated above, atm.	
80 7	29 ormin.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were pilows:	e
8. Trade, profession, or particular kind of work done, es SPINNER, SAWYER, BOOKKEEPER, etc	Gange !	Co-b or transac	7
	De	2	
9 thdustry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc		Auch your you	
SAW MILL, BANK, etc	11. Total time (years)]	
- this occupation (month and	spent in this occupation		
12. BIRTHPLACE (city or town)	7/01	Other Contributory Canses of importance:	
12. BIRTHPLACE (city or town) (State or country) 13. NAME Zunene	14		
13. NAME Laurence	ares		
		Name of operation Da	te of
(State of country)	land	What test confirmed diagnosis? Was the	ere an a
15. MAIDEN NAME Mary	ollen	23. If death was due to external causes (VIOLENCE) fill In also the fo	llowing
15. MAIDEN NAME Mary 16. BIRTHPLACE (city octown) (State or country)		Accident, suicide, or homicide? Date of injury_	
(State or country)	land	Where did Injury occur?	. 10
17. INFORMANT Mrs Charles	Hissie	(Specify city or lown, county a Specify whether injury occurred in INDUSTRY, in HOME, or in PUB	LIC PLA
17. INFORMANT (Address) 18. BURIAL CREMATION, OR REMOVAL	e mel		
Plane Colores and La 2	1 Date Oct 17, 1936	Manner of injury	
19. UNDERTAKER CHARLES TO	¥ 1 -		
19. UNDERTAKER PT 72.23	roen	24. Was disease or injury in any way related to occupation of deceas	ed?
(Address)			

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Example I	- 1!	Example II	
The principal cause of death and related causes of importance were as follows: Arteriosclerosis NOV 6 1936	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset
Chronic interstitial nephritis	1921	Run over by strect car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance: Gallstones	May 1,1923	Other contributory causes of importance: Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

10240

STATE OF MARTLAND	CERTIFICATE OF DEATH	013
1. PLACE OF DEATH	na)	
County Treseriek	Registration Dist. No. 1 34	R
Village or City & wintsking ()	trappho College	Ward
	death occurred in a hospital or institution, give its NAME instead of street and nu	imber)
Length of residence in city or town where death occurredyrsmos	ds How long in U.S. if of foreign birth?yrsmos.	ds.
2. FULL NAME Harriet Ellen O'Hare	Colif Jo. R. Veteran, specify WAR	
(a) Residence: No. (Usual place of abode)	St., Ward. If nooresident give city or town and Si	Hate
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH	
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORGED (write the word)		193 6
5a. If married, widowed or divorced HUSBAND of	(Month)* (Oay)	(Year)
(or) WIFE of	22. HEREBY CERTIFY, That I attended de	
April 1850	(feb-15, 1936, 10 Oct-9"	, 19.3.6.
6. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than		death is said
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the dete stated ebove, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance	
0 0 ormin.	were se-follows:	Date of onset
8. Irade, profession, or particular kind of work done, as SPINNER,	(Bendo Leuxenna	1938-
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. ladustry or business In which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. date deceesed last worked at this occupation (month end spent in this spent in this	/	
work was done, as SILK MILL, SAW MILL, BANK, etc.		
11. Oal time (years) this occupation (month end		
year) occupetion	Other Contributory Causes of importance:	
12. BIRTHPLACE (city or town) Chauskur a	Chruie dudo ca del-	1938
(State or country)		1
13. NAME Daniel O Hara	THE TANK THE THE TANK	
14. BIRTHPLACE (city or town) Change	Name of operation Date of	
(State or country)	What test confirmed diagnosis was there an aut	topsy?
15. MAIDEN NAME Duan & Connell	23. If death was due to external causes (VIOLENCE) fill in elso the following:	and ord
15. MAIDEN NAME Duain O Connell 16. BIRTHPLACE (city or town) Inquality	Accident, suicide, or homicide? Oate of injury	, 19
E (State or country)	Where did injury occur?	
17. INFORMANT & Sinter Turner Larett	(Specify city or town, county and State) Specify whether injury occurred in INOUSTRY, in HOME, or In PUBLIC PLAC	E.
(Address & Joseph Loile & Eventaling	4-0	
18. BURIAL, CREMANN, OR REMOVAL 7.	Manner of Injury	
Place December 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	Nature of injury	
19. UNDERTAKER W. J. Shuff	24. Wes disease or injury in any way related to occupation of deceased?	w
(Address) with the	If so, specify Amms Official	
20. FILED Q C 12. 19.36 M. F. Squiff	(Signed) Thurwout M.	8 . M. O.
FECLEV Registrar.	" (vaniess) V	

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

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Example I	=13	Example II	
The principal cause of death and related eauses of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis	1021	Run over by street car	1 week ago
Cerebral hemorrhage NOV	July 5 1927	Perilonitis	3 days ago
BURFA			
Other contributory causes of importance:		Other contributory causes of importance:	27
Gallstones	May 1,1923	Gastroenteritis	1 year

Registration Dist. No.

Ward

If nonresident give city or town and State

CERTIFY. That i attended deceased from

to have occurred on the date stated above, at ______m.

The PRINCIPAL CAUSE OF DEATH and related causes of importance

Date of onset

23. If death was due to external causes (VIOLENCE) fill in also the following:

Accident, suicide, or homicide?_____ Date of injury_____ 19___

(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.

il valdella vallas

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FOR RESERVED

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Chronic intenstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage 1936	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

state

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If so, specify (Signed)

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

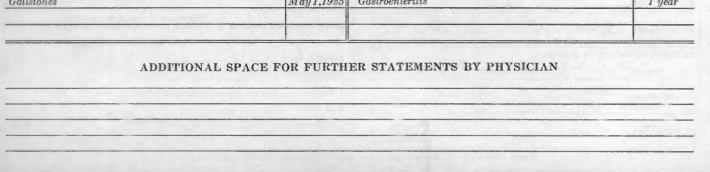
11.—The number of years the deceased followed the occupation.

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Example I		Example II		
The principal cause of death and related causes of importance were as follows: Arteriosclerosis	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago	
Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage NOV 5 1936	July 5,1927	Peritonitis	3 days ago	
SURFAU V. S.				
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	



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PHYSICIANS should state Exact statement of OCCUPA-AGE should be stated EXACTLY. properly classified. TION is very important. See instructions on back of certificate. CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.—WRITE PLAINE

V. S. No. 1

STATE OF MARYLAND—CERTIFICATE OF DEATH

4	0	3	0	0
1	U	0	0	4

1. PLACE OF DEATH					(23)		
County Frederick.					Registration Dist. No. 139		
Village	e or City	State	Sanato	rium, Md	NoSt.,Steach occurred in a hospital or institution, give its NAME instead of street and	Ward	
Length	of residence in ci	ity or town where o	death occurred	yrs5mos	2ds. How long in U.S. if of foreign birth?yrs	mosds.	
	NAMEesidence: No				If U. S. Veteran, specify WAR		
(a) N	esidelice. No	opper	(Usual place	of abode)	George, Wardo. Maryland. If nonresident give city or town as	nd State	
PER	SONAL AN	ID STATIST	ICAL PART	ICULARS	MEDICAL CERTIFICATE OF DEATH		
3. SEX Male		hite	OR DIVORCE	RRIED, WIDOWED, ED (write tha word)	21. DATE OF DEATH OCtober (Month) (Day)	, 193 <u>3</u> 6	
	widowed, or divo	orcad				(Total)	
(or) WIF	E of				22. I HEREBY CERTIFY, That I attende April 30 ,186 , to Oct. 2		
6. DATE OF B	IRTH (month, da	y, and year) M	arch	25 1917	I last saw h_im alive onQc.t.s2,19	36death Is said	
7. AGE	Years	Months 6	Days 7	If LESS than 1 day,hrs. ormin,	to have occurred on the dete stated above, ab. 25P. M. The PRINCIPAL CAUSE OF DEATH and related causes of Importance were as follows:		
Z 8. Trade	, profession, or p			,	700 43 (00043.	Date of onset	
OT S		articular as SPINNER, EPER, etc	Labore	r	Pulmonary Tuberculosis	Mar	
9. radus	try or business it ork wes done, es: AW MILL, BANK,	n which SILK MILL,				1936	
10. Data			11. Total	tima (vears)	-		
o th	is occupation (mo ar)	Dec. 193	5 spe	tima (years) ent in this 1 Yr			
					Other Contributory Causes of importance:		
	CE (city or town) or country)		Marylan	d•			
13. NAME		Ernest	Richar	ds			
13. NAME	IPLACE (city or to	own)			Neme of operation_nonePos_Sputume of		
1 (3	state or country)		Marylan	d•	What test confirmed diapoies t X-Ray Was there en		
15. MAID	EN NAME	Ida, K	idwell		23. If death was due to external causes (VIOLENCE) fill in also the following:		
O 16, BIRTH	IPLACE (city or to	own)			Accident, suicide, or homicide? Date of injury	, 19	
∑ (S	tata or country)		Marylan	d.	Whera did injury occur? (Specify city or town, county and State)		
		ard G.			Specify whether injury occurred in INDUSTRY, in HOME, or In PUBLIC I	LACE.	
		per Mar			Manner of Injury		
Place	Thurmor	it, Md.,	bate Oct.	9 m, 1936	Natura of Injury		
19. UNDERTA	KER M.	L.Creag	er b		24. Was disease or injury in any way related to occupation of deceased?	no	
20, FILED	1/12	urmont.	11/11/2	/	(Signed) Lewart of Snaffer	M. O.	
	146	//\	1	Registrar.	(Address) State Lanathriu	n mo	

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II		
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Chronic interstitial nephritis	1921	Run over by street car	1 week ago	
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago	
Other contributory causes of importance:		Other contributory causes of importance:		
Gallstones	May 1,1923	Gastroenteritis	1 year	

		CERTIFICATE OF DEATH 10383
1	PLACE OF DEATH	93-0
	County tregerech	Registration Dist. No. 128
	Village or City Gamewelle (If	No. May Sally Advantage St., Walded the death occurred if a hospital or instriction, give its NAME instead of street and number) 20 ds How long in U.S. W of foreign birth?
	Length of residence the city or town where death occurredyrsmos	
2	FULL NAME Mrs Farmie V. Ruke	4
-	(a) Residence: No. Grunswish Tud (Usual place of abode)	St., Ward. If nonresident give city or town and State
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. S	4. COLOR OR RACE Security 4. COLOR OR RACE OR DIVORCED (write the word) The married, widowed, or divorced	21. DATE OF DEATH (Month) (Day) (Year)
	(or) WIFE of Henry Rushen	22. I HEREBY CERTIFY, That I attended deceased from
	waterly voor	10 - 12 - ,1936 , to 10 - 31 - ,1936
_	DATE OF BIRTH (month, day, and year) 9 - 10 - 1866	I last saw h. alive on 10 - 31 - , 19-36 ; death is sa
1. A	GE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at S.com. The PRINCIPAL CAUSE OF DEATH and related causes of importance
-	8. Trade, profession, or particular	were as follows: Date of ons
NO.	kind of work done, as SPINNER, SAWYER, BDDKKEEPER, etc.	Cerebral hemenbage 10-31
OCCUPAL	9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	4
3	10. Date deceased last worked at this occupation (month and yaar) 11. Total time (years) spant in this occupation (month or year)	
12.	BIRTHPLACE (city or town) Augusta	Differ Coutributory Causes of importance:
	(State or country)	Tuyacarditis 193
חבא	13. NAME Richard James	1
Y.	14. BIRTHPLACE (city or town)	Name of operation. Turne Date of Trovel
2	(Stata or country)	What test confirmed diagnosis? Chuical Was there an autopsy? &
MOINE	15. MAIDEN NAME Many Callurine Termen	23. If death was due to external causes (VIDL ENCE) fill in also the following:
2	16. BIRTHPLACE (city or town). (Stata or country)	Accidant, suicida, or homicide? LD Data of Injury 19
17.	INFORMANT Low - J. Therry Richer	Where did injury occur?
18.	BURIAL, CREMATION OR REMOVAL Va Date Nov 3 1934	Manner of injury
19.	UNDERTAKER C. 14. Feele + Son	24. Was disease or injury in any way related to occupation of deceased?
2D.	FILED God 3/ , 1936 Lucian K. Falconer Registrar.	(Signed) Kenge H. Reggs M. (Address) Signerwille Web.

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Arteriosclerosis 1936	1915	Attack of epilepsy	1 week ago	
Chronic interstitial nephritis NOV	1921	Run aver by street car	1 week ago	
Cerebral hemorrhage	July 5, 1927	Peritonitis	3 days ago	
Bo				
Other contributory causes of importance:		Other contributory causes of importance:	74	
Gallstones	May 1,1923	Gastroenteritis	1 year	

STATE OF MARYLAND-CERTIFICATE OF DEATH

RECORD. Every item of infor-. PHYSICIANS should state Exact statement of OCCUPA-

AGE should be stated EXACTLY.

properly classified.

See instructions on back of certificate.

CAUSE OF DEATH in plain terms, so that it may be

TION is very important.

mation should be carefully supplied.

V. S. No. 1 N. B.—

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

MARGIN RESERVED FOR BINDING

1. PLACE OF DI				(23)	
CountyE	rederick,)		Registration Dist. No. 1	39
	State Sax		(If	No. St., death occurred in a hospital or institution, give its NAME instead of street and occurred in a hospital or institution, give its NAME instead of street and occurred in a hospital or institution, give its NAME instead of street and occurred in a hospital or institution, give its NAME instead of street and	ward
2. FULL NAME.		J. Rusk		If U. S. Veteran, specify WAR	
	. 716 Gra	(Usual place	of abode)	St., Ward. Baltimore, Maryland If nonresident give city or town and	State
	AND STATIST			MEDICAL CERTIFICATE OF DEATH	
	White		RIED, WIDOWED, O (write the word)	21. DATE OF DEATH October 5 (Month) (Day)	, 193_6
5a. If married, widowed, or HUSBAND of (or) WIFE of	divorced			22. I HEREBY CERTIFY, That I ettended Dec. 15 1933 , to Oct. 5	
6. DATE OF BIRTH (month	day and year)	Tulv 27	1915	I last saw h im alive on QC t 4 1936	
7. AGE Years	Months	Days	If LESS than	to have occurred on the date stated above, at 7.55AmM.	
21	2	8	1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were as follows:	
Industry or busines work was done. SAW MILL, BAI 10. Date deceased last this occupation year)	ind, as SPINNER, KEEPER, etc	11. Total ti	me (years) nt in this 4 Yr S a	Pulmonary Tuberculosis Dther Contributory Causes of importance:	Date of onset
12. BIRTHPLACE (city or to (State or country)	wn)M8	arvland.			
I 13. NAME	Harry Rus				
14. BIRTHPLACE (city (State or count	or town)	aryland.		Name of operation POS _Spurate of Manager of the confirmed diagnosistes to Was there en	autopsyN O
15. MAIDEN NAME 16. BIRTHPLACE (city of State or count)		Stickel aryland.		23. If death was due to external causes (VIOLENCE) fill in also the followin Accident, suicide, or homicide? Date of injury Where did injury occur?	, 19
17. INFORMANT Roland J. Ruskell (Address) Baltimore, Md.			.1	(Specify city or town, county and Sta Specify whether injury occurred in INDUSTRY, in HDME, or In PUBLIC PL	te) ACE.
18. BURIAL, CREMATION, C		-	LQWn,19	Manner of injury	
19. UNDERTAKER (Address) 20. FILED 49	Elizabet Balti/acc	h Harle	- Inc.	24. Was disease or injury in any way related to occupation of deceased? If so, specify A A Affer (Signed) Lewart & Maffer	no M. C

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The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis - FIVED	1915	Attack of epilepsy	1 weck ago
Chronic interstitial verbrites	1921	Run over by street car	1 week ago
Cerebral hemorrhage OCT 9 1935	July 5,1927	Peritonitis	3 days ago
BUREAU V. S.			
Other contributory causes of importance.		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

MARGIN RESERVED FOR BINDING

V. S. No. 1

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD. Every item of infor-PHYSICIANS should state Exact statement of OCCUPA. mation should be carefully supplied. AGE should be stated EXACTLY. CAUSE OF DEATH in plain terms, so that it may be properly classified. TION is very important. See instructions on back of certificate. N. B.

STATE OF MARYLAND—	CERTIFICATE OF DEATH
1. PLACE OF DEATH	(9)
County Fredericks	Registration Dist. No.
Village or City There of Emerge	non Abspetal St., Ward
Length of residence in city or town where death occurredyrsmos	death occurred in a horpital or institution, give its NAME instead of street and number)
21.1	1
2. FULL NAME Date girgh say	for Cuto of the wettern
(a) Residence: No. Thursday The (Usual place of abode)	Start Ward. If nonresident give city or town and Stale
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
finale white OR DIVORCED (write the word)	(Month) (Day) (Year)
Sa. If marriad, widowad, or divorcad HUSBAND of	
(or) WIFE of	22. I HEREBY CERTIFY, That I attended deceased from
6. DATE OF BIRTH (month, day, and year) Net 25th 1936.	stillbarry + 1936
6. DATE OF BIRTH (month, day, and year) 1 2 14 1936. 7. AGE Years Months Days If LESS than	I last saw h
1 day, D hrs.	to have occurred on the date stated above, atm. The PRINCIPAL CAUSE OF DEATH and related causes of importance
8. Trade profession or particular	were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, SAWYER, BOOKKEEPER, atc	5 month letters 1130
9. Industry or businass in which work was done, as SILK MILL.	b. 1936
SAW MILL, BANK, etc.	fresh the 1100
- 1 Shellf Ill fill?	
year) occupation	Other Contributory Causes of importanca:
12. BIRTHPLACE (city or town) Coulogeney Harpelel	
(State or country) Fredericity the.	
13. NAME Charles Saylor. 14. BIRTHPLACE (city or town)	
14. BIRTHPLACE (city or town) (Stata or country) Maruland	Name of operation Date of
	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Weie Overhally ev	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) (State or country)	Accident, suicide, or homicide?
P. A. P. in the t	Whera did Injury occur? (Specify city or town, county and State)
17. INFORMANT Coaligney Mich Month	whether injury occurred In INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURTAL CREMATION, OR REMOVAL	Manner of injury
Place Nonline Date > (- Oct , 19 6	Nature of Injury
19. UNDERTAKER M. A., Sliger Sup.) (Address)	24. Was disease or injury in any way related to occupation of deceased?
20. FILED 3 - 2 2 1936 8mml	(Signed) 1207 M.D.
ZU. FILED	(Address) The Land M
If more blanks are meded address Costs Design	N Chalassa Button Button Button

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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	Example I	1	Example II	
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	NOV 5 1936	1915	Attack of epilepsy	1 week ago
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	RUMEAU V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory	causes of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

			1 your
ADDITIONAL	SPACE FOR FURTH	ER STATEMENTS BY PHYSI	CIAN
•			

STATE OF MARYLAND—CERTIFICATE OF DEATH

1. PLACE OF DEATH	948
County Treatment	Registration Dist. No. 199
	No. St., Ward If death occurred in a hospital or institution, give its NAME instead of street and number) s. ds. How long in U.S. if ol foreign birth? yrs. mos. ds.
(a) Residence No. West 'B' St. (Usual place of abode)	St., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word) Market	21. DATE OF DEATH 20 (Month) (Day) (Year)
5a. If marriad, widowad, or divorced HUSBAND of (or) WIFE of Mary Sentt	22. I HEREBY CERTIFY, That I attended deceased from
S DATE OF BIRTH (month day and year) Pot 21 1865	, 19, to, 19
7. AGE Years Months Days If LESS than 1 day,hrs.	THE TRINCIPAL CADSE OF DEATH and latter causes of imperatice
Trade profession or particular	Carnay Sidulis
kind of work dona, as SPINNER, SYUNKA. SAWYER, BODKKEPPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, atc. 1D. Date daceased last workad at this occupation (month and spent in this	Instant death
year) occupation 12. BIRTHPLACE (city or town) Maryland (Stata or country)	Othar Contributory Canses of importanca:
13. NAME Thomas Sinst	m 1,2 1936
14. BIRTHPLACE (city or town) Julianul (Stata or country)	Name of operation Date of Date of Was there an autopsy?
15. MAIDEN NAME Martha andergon	23. II death was due to external causes (VIDLENCE) fill in also the following:
15. MAIDEN NAME Martha Andergen 16. BIRTHPLACE (city or town) Maryland. (State or country)	Accident, suicide, or homicide?
17. INFORMANT Mas John Sinott (Address) Brunswick Md	(Specify city or town, county and State) Specily whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Park Length Date Och 27, 1906	Manner of injury
19. UNDERTAKER G. H. Zeite + Son (Address) Srumswick Md.	24. Was disease or injury in any way related to occupation of dacaasad?
20. FILED ach 21 , 1934 less 11. S. Hedg to	(Signed) Brewsweet hul

V. S. No. 1

B.I.

RECORD. Every item of infor-PHYSICIANS should state

stated EXACTLY.

AGE should be

supplied.

mation should be carefully

TION is very important.

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certificate.

See instructions on back of

-WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT

MARGIN RESERVED FOR BINDING

Exact statement of OCCUPA-

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

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In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

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Example I The principal cause of death and related causes of the of onset of importance were as follows:			Example II	
			The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	2001 2 1014	1915	Attack of epilepsy	1 week ago
Chronic interstitial neph	ritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	BUDGAU V. S	July 5,1927	Peritonitis	3 days ago
Other contributory ca	uses of importance:		Other contributory causes of importance:	
Gallstones		May 1,1923	Gastroenteritis	1 year

fallstones		May 1,1923	Gastroenteritis	1 year
	ADDITIONAL SP.	ACE FOR FURTH	ER STATEMENTS BY PHYSICIA	AN

STATE OF MARYLAND-	-CERTIFICATE OF DEATH 10387
1. PLACE OF DEATH County frederick within the Corpor	(3)
County trederick within the	Registration Dist. No.
Village or City Trederick	No. 304 Park ave St., War
110	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurred 7 yrsn	nos
2. FULL NAME Symmwood Steps	S. Veteran, specify WAR
(a) Residence: No. 03 04 Park are	St., Ward. Or
(Usual place of abode)	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
PERSONAL AND STATISTICAL PARTICULARS	
3. SEX 4. COLOR OR RACE OR DIVORCED (write the word)	21. DATE OF DEATH OF 193
married	(Month) (Day) (Year)
ie. If married, widowed, or divorced HUSBAND of	22 HEREBY CERTIFY, That I ettended deceased for
(or) WIFE of Mary & Stephens	Men 6 135 10 Vet 79 19 3
5. DATE OF BIRTH (month, dev. end year) Sch × 12-1869	i arsaw has alive on the 25 19 Seath is sa
7. AGE Years Months Days If LESS than	towave occurred on the date stated above, at _Gm.
69 / 19 1day,h	THE PRINCIPAL CAUSE OF DEATH and leaded causes of hisportance
R Trade profession or particular	Dat Of ons
kind of work done, as SPINNER, Muse Jeach	e Colongry Celerum W
kind of work done, as SPINNER, Musse /each SAWYER, BOOKKEEPER, etc Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc	X
) in the contract of the contr	
this occupation (month and 9/3 (spent in this	
year) occupation occupation	Contributory Cause of importence:
12. BIRTHPLACE (city or town) alto	Jame Alyocartic
(State or country)	- many deferre
13. NAME John Stephens 14. BIRTHPLACE (city or town) Toberty ma	khyluthuren 1
14. BIRTHPLACE (city or town) Diberty	Neme of ceretion Date of
(State of country)	Whet test confirmed diagnosis? Wes there an eutopsy?
15. MAIDEN NAME Sarah Whitneone 16. BIRTHPLACE (city or town) To when you are country)	23. If death was due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) to were	Accident, suicide, or homicide? Date of injury, 19
(State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT X02. S. Stephens	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) Frederick ned	
18. BURIAL CREMATION, OR REMOVAL Place No Oliver Come Date Stor 1, 193	Manner of injury
Place Date 1,19	Neture of Injury.
19, UNDERTAKER GE. Cline Hon	24. Was disease or injury ny wey related to occupation of deceased?
(Address) Frederige med.	If so, specify
Si O I I Don't !!	(0)
20. FILED 31- Cec 136 MH Cercia	(Signed)

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 5 1936	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
SUPEAU V. S.			
Other contributory causes of importance:	3	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year



STATE O	F MARYLAND-	CERTIFICATE OF DEATH
1. PLACE OF DEATH	/	(82)
County Telling	5 00	Registration Dist. No. 10
Village or City	erle /	do A Ward (death occurred in a horpital or institution, give its NAME instead of street and number)
Length of residence in city or town where de	1110	
2. FULL NAME COM	Maying	Vransluy.
(a) Residence: No.	(Usual place of about	If nonresident give city or town and State
PARSONAL AND STATISTIC	CAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Tomas Court OF BACE	5. SINGLE MARRIED, WIDOWED,	21. DATE OF DEATH 6
5a. If married, widowell, or divorced	my	(Month) (Dey) (Yeer)
HUSBAND of (or) WIFE of		22. I HEREBY CERTIFY, The Strender decessed from
20	1/18 47	I lest sew h Z elive on C 2 193 6 death is sein
5. DATE OF BIRTH (month, day, end year) 7. AGE Yeers Months	Days If LESS then	to heve occurred on the dete steted ebove, et
8.3 //	1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH and releted causes of importance
8. Trede, profession, or perticular kind of work done, as SPINNER,	1	were as sollows. Date of ones
SAWYER, BOOKKEEPER, etc.	Trus	
9, industry or business in which work was done, es SILK MILL, SAW MILL, BANK, etc.	undome	
10 Date decessed last york d at 2 3	11. Totel time (years) spent in this	
yeer)	ocaupation.	Other Coutributory Causes of importance:
12. BIRTHPLACE (city or town)	Meand	
(State of country)	Touchast.	
= //	10000	
(Stete or country)	wiff and,	Name of operetion Date of Wes there en eutopsylvii.
I 15. MATORN NAME OF AND	Hosele,	23, If deeth wes due to externel ceuses (VIOL ENCE) fill in eiso the following;
15. MAIDEN NAME 15. MAIDEN NAME 16. BIRTHPLACE (city or town)	s le d	Accident, suicide, or homicide? Dete of injury, 19
E (State or country)	Paga	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT AND AND AND AND AND AND AND AND AND AND	La aray	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL	0.40	Menner of injury
Pleason Mann	Dete 0 18.3	Neture of injury
19. UNDERTAKER COL	uss & Im	24. Wes disease or injury in any wey releted to occupation of deceased?
(Address) Jample	mi md	If so, specify
20. FILED & C. 1936 24	Le Curfman	(Signed) M. (Appress) Appress
7.0	Registrar.	221 N Chars Street Baltimore Requesting T. S. No. v

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Example I	l l	Example II	
The principal cause of death and related eauses of importance were as follows: VED	Date of onset	The principal cause of death and related causes of importance were as follows: Attack of epilepsy	Date of onset 1 week ago
Chronic interstitial nephritis 1966	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
H MUREAU V. S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

PHYSICIANS should state

stated EXACTLY.

of OCCUPA-

AUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement

AGE should be

mation should be carefully supplied.

V. S. No. 1 N. B. fION is very important.

See instructions on back of certificate.

	The state of the s
STATE OF MARYLAND-	CERTIFICATE OF DEATH 10385
1. PLACE OF DEATH	93-0
County Frederills	Registration Dist. No. 174
Village or City Lewis Lown	No. St., Ward
	f death occurred in a hospital or institution, give its NAME instead of street and number) sds. How long in U.S. if of foreign birth?yrsmosds
2. FULL NAME Rusey annulm, Ste	CL. If U. S. Veteran, specify WAR
(a) Residence: No. Leguiston Ind.	St., Ward,
(Usual place of abode)	If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED fruite the word)	21. DATE OF DEATH (29 , 193 ((Month) (Day) (Year)
5a. If married, widowed, or givorced	
HUSBAND of Welliam H. Still	22. I HEREBY CERTIFY That I attend to page of from
M. C. T. ICI	19 10 19
6. DATE OF BIRTH (month, day, and year) Flor 87. 1844	I last saw h elive on 6 24 ; death is sai
7. AGE Years Months Days If LESS than 1 day,hrs.	to have occurred on the date stated above, at 220 Pm.
9 d ormin.	The PRINCIPAL CAUSE OF DEATH end related tauses of importance were as follows:
8. Trade, profession, or particular kind of work done, as SPINNER, Selvied Gusse.	was My Cordina 1996
kind of work done, as SPINNER, Selved Journel AWYER, BOOKKEEPER, etc. Selved Journel Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 11. Total time (yeers) 10. Oate deceased last worked at this occupation (months and th	
10. Oate deceased last worked at this occupation (month and 1933 11. Total time (yeers) spent in this occupation	
12. BIRTHPLACE (city or town) was Hansonville,	Other Contributory Causes of importance:
(State or country) Fixe desich Go mai	1934
13. NAME Michael, Stull	
13. NAME Michael, Stull 14. BIRTHPLACE (city or town) 201 Arrown (State or country)	Name of operation Date of Was there an autopsy?
15. MAIDEN NAME Hanah. Hodges,	23. If death wes due to external causes (VIOLENCE) fill in also the following:
16. BIRTHPLACE (city or town) - Angle - Assaure (State or Tountry)	Accident, suicide, or homicide?
17. INFORMANT Mrs. Odella. E. Keyser.	(Specify city or town, county and State) Specify whether Injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Ind.	Manner of injury
Place Lehazles wille Date AVE, 14, 1936	Nature of injury
19. UNDERTAKER M. J. C. C. S.	24. Was disease or injury in eny way related to occupation of deceased?

If more blanks are needed, address State Registrar, 2411 N. Charles Street, Baltimore, Requesting U. S. No. 1.

(Signed).

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	Example I		Example II			
The principal cause of importance were	of death and related causes as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset		
Arteriosclerosis	And the second s	1915	Attack of epilepsy	1 week ago		
Chronic interstitial ne	phritis	1921	Run over by street car	1 week ago		
Cerebral hemorrhage	for the fact has	July 5,1927	Peritonitis	3 days ago		
	DEC 2 1900					
Other contributory	causes of importance: S.		Other contributory causes of importance:			
Gallstones	And the second s	May 1,1923	Gastroenteritis	1 year		
		1		J		

CAUSE OF DEATH in plain terms, so that it may

mation should be carefully supplied.

N. B.-WRITE PLAINLY,

	1.	PLACE ((131)		131	
					** ***	the Corporate		Registration Dist. No	$1 \otimes 1$	
	1	Village or	CityFr	ederic	k	(1	No. 18 Cart	er St institution, give its NAME instead of street	.,Ward	
		Langth of ra	asidance in city	or town where	daeth occurred	69 yrs	ds. How long In U.	S. if of foraign birth?yrs	mosds.	
	2.	FULL N	AMEMrs	Flor	ence Ma	y Swope	the of If U. S. Vete	oran, specify WAR None		
				8 Cart	22 Gt		St. Orward	^		
		(4) (10010)			(Usual plac	ce of abode)	macu on	A .	a und brute	
					ICAL PART			ECERTIFICATE OF DEAT	H	
	3. SE	male	4. color whi	or RACE	5. SINGLE, MA OR DIVORG	ARRIED, WIDOWED, CED (write tha word) LOW	21. DATE OF DEAT	October 10 (Month) (Day)	, 193_6	
	5a. I	f marriad, wide HUSBAND of					22. I HERE	BY CERTIFY, That I atta		
		(or) WIFE of	Chas.	E. Sw	ope			1936 to 10 9		
e.	6. D.	ATE OF BIRTH	i (month, day,	and vaar) J	an. 23,	1867	I lest saw h_CP alive o		6 : death is said	
cat	7. AC		aars	Months	Days	If LESS than	to have occurred on the date	e statad above, et. 6. 45Am.		
certificate		(59	8	17	1 day,hrs.	The PRINCIPAL CAUSE OF ware as follows:	DEATH end ralated causes of importance	Oate of onset	
	z	8. Trede, prot	fassion, or par f work done, a	ticuler	Housewo	mle	Okranie.	Oate of onset		
10 3	5 E	SAWYE	R, BOOKKEEP	ER, etc.			Vacca	las deseare	- 900	
back	UPA	work w	r business in ves done, as SI IILL, BANK, et	LK MILL,	At Home			***********************	Tryn	
on	OCCUPATION	10. Date decea	ased lest work	ed at Dog	.35 11. Tota	time (yaars)				
		year) _	cupation (mont	mand Dec		pent In this 49	Other Cantributory Causes o	f importance		
Instructions	12. E	IRTHPLACE (city or town)	Mary	land		Other Cambibatory Causes (i importanta.		
rru		(State or co	ountry)	F-/						
ınsı	HER-		~	W. Po						
See	FATH			m) Mar	yland		Name of operation			
	-		or country)				What test confirmed diagnos	sis? Was ther	a an autopsy?_W	
ant	II "	15. MAIDEN N			Weddle			nal causes (VIOLENCE) fill in elso the fol		
ort	MO		CE (city or tow or country)	m)Mar	yland			de? Dete of injury	, 19	
important			7/12	Monr	E. Swor	20	Where did injury occur?	(Specify city or town, county an	d State)	
very	17. 1	NFORMANT (Addrass)) 6	Specify whether injury occur	rred in INDUSTRY, in HOME, or in PUBL	IC PLACE.	
a ve	(Addrass) Frederick, Md.			Mannar of injury						
Si Z		Place Mt.	.Olive	t-Cem.	Frod Oc	t. 12,19.36	Neture of injury			
LION	19 1	INOFRTAKER	M. R.	Etchi	son & S	Son	24. Was disaase or injury in	any way related to occupetion of decaase	d? Gw.	
1		(Address)	Frede	rick,	Md.	-31	If so, spacify	4	()	
)	20. F	ILEO/2-	Q et, 19	36.2	a & M	- Cander	(Signed) 4	Laurne	M. D	
						Registrar	(Address)	The alleration of	4	

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Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial; nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 5 1999	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923		1 year

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAL	ADDITIONAL	SPACE FO	RFURTHER	STATEMENTS	BY	PHYSICIAN
--	------------	----------	----------	------------	----	-----------

STATE C	OF MARYL	AND-	CERTIFICATE OF DEATH
County Frederick			Registration Dist. No. 13
Village or City Mountvill			1 1 2 2
Length of residanca in city or town where o		(lf	death occurred in a hospital or institution, give its NAME instead of street and number)
	idatii occurredyis),	No. 10 mg m of 10 mg m
2. FULL NAME John Rob	ert Thomas	on	St. Ward. Ward.
(a) Residence: No. MOUNTV	(Usual place of abod	le) N	alc Ce. Und . If nonresident give city or town and State
PERSONAL AND STATIST			MEDICAL CERTIFICATE OF DEATH
Male Colored	5. SINGLE, MARRIED, VOR DIVORCED (with Marrie)	e the word)	21. DATE OF DEATH October 17th, 193 6 (Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Jennie	Teedor	0	22. I HEREBY CERTIFY, That I ettended deceased from 1936, to 01. 1936
6. DATE OF BIRTH (month, day, and year)	December 2	3, 186	21 last saw 1 im alive on 574, 15 ,1936; death is seid
7. AGE Years Months	1 da	f LESS than	to have occurred on the date stated above, at
73 11	. //	min.	were es follows:
8. Trada, profassion, or particular kind of work dona, as SPINNER, SAWYER, BOOKKEEPER, etc.	Laborer		Chr 144000 Ritis
9. Industry or business in which			
work was done, as SILK MILL, SAW MILL, BANK, etc	11. Total tima (ye	ears)	0
this occupation (month, end year)Sept1-93	spent in th occupation	is 50	
12. BIRTHPLACE (city or town)			Other Contributory Causes of importance:
(State or country) Maryla			typotlalie humana od
13. NAME Robert Thom	pson		36
14. BIRTHPLACE (city or town) Mar	yland		Neme of operation
H 15. MAIDEN NAME Hary	Unibuon	~	23. If daath was due to external causes (VIOLENCE) fill in elso the following:
6 16. BIRTHPLACE (city or town)			Accident, suicida, or homicide? Date of Injury, 19
(Stata or country)	y Land		Where did injury occur?(Specify city or town, county and State)
17. INFORMANT Mrs. John R (Addrass) Adamstown,	Thompson Md R F	D	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OF REMOVAL	ma.	/	Mannar of Injury
Place Sout of Kodes	Date 10	7, 19. S. E	Nature of injury
19. UNDERTAKER M. R. Etch (Addrass) Frederick,	ison & Son		24. Wes disease or injury in any way related to occupation of dacaasad?
20. FILED 19:00- 136. Das	La La Cu	Registrar.	(Signed) William S. Suno M. D. (Addrass) Trelling (194)
If more	blanks are needed, address.	State Registrar,	2411 N. Charles Street, Ballimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

- 8.—The trade, profession, or particular kind of work done.
- 9.—The industry or business in which the work was done.
- 10.—The month and year the deceased last worked at the occupation.
- 11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis UV 3	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
A BUALLY, S.			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
		5 5	

mation should be carefully supplied. AGE should be stated EXACTLY.

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

PHYSICIANS should state Exact statement of OCCUPA.

-WRITE PLAINLY,

STATE OF MARYLAND-CERTIFICATE OF DEATH

1	0	9	0	1)
J	U	0	J	64

1. PLACE OF DEATH	950
County Frederick	Registration Dist. No.
Village or City Muconwille	No. St., Wa (If death occurred in a horpital or institution, give its NAME instead of street and number)
	os ds. How long in U.S. if of foreign birth?
2. FULL NAME arthur addbrit	Lyneson
(a) Residence: No. (Usual place of abode)	9 8t., Ward. If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE OR DIVORCED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH
ia. If married, widowed, ordivorced HUSBAND of (or) WIFE of Soldie Butter J.	22. HEREBY CERTIFY, That I attended deceased fr
0/0/4/01	1936, to Oct. 4, 193
5. DATE OF BIRTH (month, day, and year) 7. AGE Years Months Days If LESS than	I last saw (death is so
60 I day,hr	to have occurred on the date stated above, at
Nrade, profession, or particular	were as follows: Date of ons
kind of work done, as SPINNER, R. Conductor	Canal I'm
kind of work done, as SPINNER, AWYER, BOOKKEEPER, etc. 9. Industry or business in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked et this occupation (months and	
10. Date deceased lest worked et this occupation (month and 3 4 1 occupation (spent in this 3 2 3	frk,
12. BIRTHPLACE (city or town)	Other Contributory Causes of importance:
(State or country) 13. NAME LULTION TO THE PROPERTY OF THE	- Ohrome Branchitia.
13. NAME 14. BIRTHPLACE (city or town) (State or country)	Name of operation Date of
15. MAIDEN NAME WARM DO S. S. of	Whet test confirmed diagnosis? Was there an autopsy? 23. If death was due to external causes (VIOL ENCE) fill in elso the following:
15. MAIDEN NAME way held 16. BIRTHPLACE (city or town)	Accident, suicide, or homicide? Date of injury 19
(Stete or country)	Where did injury occur?
7. INFORMANT Edua Carrier	(Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
8. BURIAL, CREMATION, OR REMOVAL	Manner of injury
9. UNDERTAKER SO	Neture of injury
(Address) (All Windows Thurs)	(Signed) Def Leave M. M.
Registrar.	(Address) Devalylown My

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To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Example I	-	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis NOV 3 1930	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
BUREAU			
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

ADDITIONAL SPACE FOR	FURTHER	STATEMENTS	BY	PHYSICIAN
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mation should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state

CAUSE OF DEATH in plain terms, so that it may be properly classified.

TION is very important. See instructions on back of certificate.

rescond. Every item of infor-

Exact statement of OCCUPA-

1. PLACE OF DEATH	-CERTIFICATE OF DEATH 10393
County Frederick	Registration Dist. No. 14(
Village or City Near Brunswick	NoSt.,Ward
	(If death occurred in a hospital or institution, give its NAME instead of street and number)
Length of residence in city or town where death occurredyrsm	os. ds. How long in U.S. If of foreign birth? yrs. mos. ds.
2. FULL NAME Margaret trancis Mile	If U. S. Veteran, specify WAR
(a) Residence: No. Malacet St. (Usual place of abode)	St., Ward.
PERSONAL AND STATISTICAL PARTICULARS	If nonresident give city or town and State MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH
temale white OR DIVORCED (write the word)	(Month) (Day) (Year)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of	22. OHEREBY CERTIFY That Lattended deceased from
E DATE OF DIPTH (month day and war) Oct 8th 1863	I lest saw here alive on Or 20 1936, death is said
6. DATE OF BIRTH (month, day, end year) 7. AGE Years Months Days If LESS then	to have occurred on the date steted above, at 2 m.
1.3 0 5 1 day,hrs	The PRINCIPAL CAUSE OF DEATH and related causes of Importance
8. Trade, profession, or particular	were as follows:
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc.	11 1 67
9. Industry or business in which	Multil VIIII. 8/20
SAW MILL, BANK, etc	
12. BIRTHPLACE (city or town) Urgania (State or country)	Other Contributory Causes of importance:
13. NAME Comelies Wurkork	
14. BIRTHPLACE (city or town) Usiginia	Name of operation.
(State of country)	What test confirmed diagnosis? Was there an autopsy?
	23. If death was due to external causes (VIOL ENCE) fill in elso the following:
16. BIRTHPLACE (city or town) Usefulia	Accident, suicide, or homicide? Date of injury, 19
17. INFORMANT Mrs Lillis M. Cooper	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, In HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, OR REMOVAL Place Description Date Oct. 23, 1936	Manner of injury
19. UNDERTAKER Le. N. Feetey Son (Address) Burnsmich Mil	24. Was disease or injury in any way related to occupation of deceased? If so, specify
20. FILED GC II , 1936 les A. S. Ha eges Registrar.	(Signed) M. D. (Address) Address M. D.
If more blanks are moded, address State Projects	N. Ch. J. C. J. P. L. P. J. G. C. N.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

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10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

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Example I	į.	Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis	1915	Attack of epilepsy	1 week ago
Arteriosclerosis Chronic interstitial nephrilis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

STATE OF	F MARYLAND-	CERTIFICATE OF	DEATH 1039
1. PLACE OF DEATH		Te	120 19
County Inda	within the Cor		stration Dist. No.
Village or City 7 sed	wich mot	No Trederice City	The hitalst Wa
		death occurred in a hospital or institution, give	as NAME indead of street and number)
Length of residence in city or town where dee	eth occurred yrs mos	ds. How long in U.S. if of foreign	birth?
2. FULL NAME	est tally	If U. S. Veteran, specify	WAR Moul
(a) Residence: No. M	(Usual place of abode)	St., Ward. 322	onresident give city or town and State
PERSONAL AND STATISTIC	100	The state of the s	ICATE OF DEATH
	S. SINGLE, MARRIED, WIDOWED,	21. DATE OF DEATH	2
male white	OR DIVORCED (write the word)	(Month	(Day) (Year)
5a. If married, widowed, or divorced			
(or) WIFE of		22. HEREBY CER	RTIFY, Thet I attended deceased fr
6. DATE OF BIRTH (month, day, end year)	Can/2-1929	I last saw h see elive on Oc	4 3 1936 : death is s
7. AGE Years Months	Days If LESS then	to have occurred on the date stated ebove,	20
7 4	28 1 dey,hrs.	The PRINCIPAL CAUSE OF DEATH end rel	
8. Trade, profession, or particuter	-101	Man de la companya de	Date of one
kind of work done, as SPINNER, SAWYER, BOOKKEEPER, etc. 9. Indivistry or business in which work was done as SILK MILITY.	was pad	Jenning Lan	Oct.
9. Industry or business in which work was done, es SILK MILLYN . SAW MILL, BANK, etc.	to Delande Old	199	
U 10. Date deceesed last worked at	11. Total time (years)	lenn gicara	-ic (3)
this occupetion (month end year)	spent In this 3 we		
12. BIRTHPLACE (city or town) Ball	to med	Other Contributory Causes of importance:	
(Stete or country)		Como ?	
13. NAME may	velser	17	
13. NAME MAY OF	may	Neme of operation	Dete of
(State of country)	2000	What test confirmed diegnosis? Cleans	Was there an eutopsy?
15. MAIDEN NAME also	Mulley	23. If deeth wes due to externel ceuses (VIOI	ENCE) fill in elso the following:
16. BIRTHPLACE (city or town)	many	Accident, suicide, or homicide?	Dete of injury, 19
(State or country)	111	Where did injury occur?(Spec	ify city or town, county and State)
17. INFORMANT	ary .	Specify whether injury occurred in INDUST	RY, in HOME, or in PUBLIC PLACE.
(Address) 3222 Fortest at. X 18. BURIAL, CREMATION, OR REMOVAL	Jam zud	Menner of Injury	
Plece Doulan Park En	Date 02 5 1936	Nature of injury	
Walte 1 5 1	1: 41	24. Was disease or injury in eny wey releted	to accupation of deceased? Two
19. UNDERTAKER (Address)	ct mid	If so, specify	to occupe non-or deceased?
2 - 1 21 6	0 2000	(Signed) (Justin	Vearre , M
20. FILED 0 - 0 4 - , 1924 - day	Registrar.	(Address)	leving and.
If more bl	anks are needed, address State Registrary	2421 N Charles Street Baltimore Requesting	7) C No .

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example I		Example II	
The principal cause of dealth and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arterioselerosis	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage	July 5,1927	Peritonitis	3 days ago
9867	8/		
Other contributory causes Trumportance: 100	1	Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year
fare			The little

ADDITIONAL SPACE FOR FURTHER STATEMENTS BY PHYSICIAN

Son Median

STATE OF MARYLAND	CERTIFICATE OF DEATH 10333,
1. PLACE OF DEATH	159
county Firederick	Registration Dist. No.
Village or City For Monte	No. Omergency Approximation Ward death occurred in a hospital or invitation, give its NAME instead of street and number)
	sds. How long in U. Sif of foreign birth?ytsdsds.
(a) Residence: ND. 21 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	Estable Cultible) whether and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word)	21. DATE OF DEATH October 21, 193.6
5a. If merried, widowad, or divorced	(Month) (Day) (Yeer)
HUSBAND of (or) WIFE of	22. I HEREBY CERTIFY, That I attanded decaased from
6. DATE OF BIRTH (month, dey, end yaer) Cet 17 1936	I last saw here alive on Clet 21 , 19 36; daath is said
7. AGE Years Months Days If LESS than	to have occurred on the date stated above, at
1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and ralated causes of importence were as follows:
8. Trade, profession, or particular kind of work dona as SPINNER	Date of onest
kind of work done, as SPINNER, SAWYER, BODKKEEPER, etc.	gremaline birthe Och 17
9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc	(6 march felis) 36
kind of work dona, as SPINNER, SAWYER, BODKKEEPER, etc. 9. Industry or businass in which work was done, as SILK MILL, SAW MILL, BANK, etc. 10. Date deceased lest worked at this occupation (month and year) 11. Total tima (years) spent in this occupation	
12. BIRTHPLACE (city or town) firederick (State or country)	Dther Coatribatory Caases of importance:
13. NAME Jok Welster 14. BIRTHPLACE (city or town) Freederick.	
4 14. BIRTHPLACE Scity or town) Fired erisks.	Name of operation Data of
(State Orecountry)	What test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME Mary Cornelia Walfe. 16. BIRTHPLACE (city or town) Thred erick.	23. If death was due to externel causes (VIOLENCE) fill in also the following:
5 16. BIRTHPLACE (city or town) Thred erick	Accident, suicide, or homicide? Date of Injury, 19
17. INFORMANT Miss Collaboratory	Where did injury occur? (Specify city or town, county and State) Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
(Address) The elerick Grid.	6
18. BURIAL CREMATION, DR REMOVAL	Manner of Injury
Place I Novileville Date 1956	Netura of injury
19. UNDERTAKER Morros & Slifer (Addrass) Fuduro 6, 1	24. Was disaase or injury In eny way related to occupation of deceasad?
20. FILED 2 4 - Oct 1936 Milleury Registrat.	(Signad) BOokson M. D. (Address) February M. D.
If more blanks are needed, address State Registrar,	2411 N. Charles Street, Baltimore, Requesting V. S. No. 1.

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

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Example J		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	Date of onset
Arteriosclerosis 1 NOV 5 1936	1915	Attack of epilepsy	1 week ago
Corebral hemorphase	1921	Run over by street car	1 week ago
Cerebral hemorrhage V. S.	July 5,1927	Peritonitis	3 days ago
Other contributory causes of importance:		Other contributory causes of importance:	
Gallstones	May 1,1923	Gastroenteritis	1 year

AGE should be stated EXACTLY. PHYSICIANS should state

properly classified.

mation should be carefully supplied. AGE should be CAUSE OF DEATH in plain terms, so that it may be

certificate.

See instructions on back of

FION is very important.

Exact statement of OCCUPA-

10396

STATE OF MARYLAND—	CERTIFICATE OF DEATH 10396
1. PLACE OF DEATH	971 121
County Frequeto 100	Registration Dist. No.
Village or City Charlesvelle	ND. St., Ward
Length of residence in city or town where death occurred	death occurred in a hospital or insutation, give its NAME instead of street and number) 1
2. FULL NAME Charles govern	milif U. S. Veteran, specify WAR?
(a) Residence: No. Charles (Usual place of abode)	St. fell (Ward) If nonresident give city or town and State
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3. SEX 4. COLOR OR RACE Temple Thirte 5. SINGLE, MARRIED, WIDOWED, OR DVORCED (write the word)	21. DATE OF DEATH Toke (Month) (Vear)
5a. If married, widowed, or divorced HUSBAND of (or) WIFE of Husan & Summerma	22. HEREBY CERTIFY That I ettended deceased from
6. DATE OF BIRTH (month, day, and lead Quip. 20-184	Llast saw es alive on Ock 9 193 6 death is said
7. AGE Years Months Deys If LESS than	to have occurred on the date stated above, at
93 / /2 1 day,hrs.	The PRINCIPAL CAUSE OF DEATH and related causes of importance were es follows:
8 Trade profession or particular	Data of onset
kind of work done, es SPINNER, Alle SAWYER, BDDKKEEPER, etc.	Semble 1
9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc	
kind of work done, es SPINNER, SAWYER, BDDKKEEPER, etc. 9. Industry or business in which work wes done, as SILK MILL, SAW MILL, BANK, etc. 10. Dete deceased last worked et this occupation (month end year) occupation.	
12. BIRTHPLACE (city or town) Charlesvilly (State or country)	Other Cantributary Canses of importance:
7 - 1	un leur Scherms.
14. BIRTHPLACE (city or town) Charlesville	Name of operation 2000 Date of
(State of county)	Whet test confirmed diagnosis? Was there an autopsy?
15. MAIDEN NAME MOUGALINGOR 16. BIRTHPLACE (city or town) charles will (State or country)	23. If death wes due to external causes (VIOLENCE) fill in also the following: Accident, suicide, or homicide?
E (State or country)	Where did injury occur? (Specify city or town, county and State)
17. INFORMANT Me Claylon f. Sty. (Address) Frederick man	Specify whether injury occurred in INDUSTRY, in HOME, or in PUBLIC PLACE.
18. BURIAL, CREMATION, DR REMOVAL. Place Charles Le Date Och 57936	Manner of injury Nature of injury
19. UNDERTAKER MADE CREATER HORSE	24. Was disease or injury in any way related to occupation of deceased?
20. FILE 3. Oct., 19 36 Dra J. M. Cundy. Rejstrat.	(Signed) To Lag M.D. (Address) Tale Sent Clust

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. Make some entry in this section for every person aged 10 years or over. If the deceased had retired from business, report the occupation prior to retirement. Children not gainfully employed may be returned as at school or at home. For a woman whose only occupation was that of home housework, write housewife in answer to Question 8 and own home in answer to Question 9. For a person engaged in domestic service for wages, however, designate the occupation by the appropriate terms, as servant—private family, cook—hotel, etc. For a person who had no occupation whatever write none.

To be complete, an occupation return must state:

8.—The trade, profession, or particular kind of work done. 9.—The industry or business in which the work was done.

10.—The month and year the deceased last worked at the occupation.

11.—The number of years the deceased followed the occupation.

In stating the occupation, avoid the use of such indefinite terms as "employee," "worker," "operative," etc. Find out the particular kind of work done and return that, as spinner, weaver, etc.

In stating the industry or business, avoid the use of such general terms as "store," "factory," "mill," etc. State the particular kind of store, factory, mill, etc., as grocery store, soap factory, cotton mill, etc.

Distinguish carefully the different kinds of engineers by stating the full descriptive titles, as civil engineer, mechanical engineer, mining engineer, stationary engineer, etc. Avoid the term "laborer" when a more precise statement of the occupation can be secured. Do not use the word "mechanic," but give the exact occupation, as carpenter, painter, machinist, etc. Distinguish carefully between retail merchants and wholesale merchants. A person who sells goods should be called a salesman and not a clerk.

Statement of cause of death.—Cause of death means the disease, injury, or complication which causes death, not the mode of dying, e. g., heart failure, asphyxia, asthenia, etc. As principal cause name the disease or injury causing death. As related causes, name earlier morbid conditions, if any, related to the principal cause and any important complication of the principal cause. Under other contributory causes of importance, name other important diseases or injuries. Examples:

Example I		Example II	
The principal cause of death and related causes of importance were as follows:	Date of onset	The principal cause of death and related causes of importance were as follows:	
	1915	Attack of epilepsy	1 week ago
Chronic interstitial nephritis	1921	Run over by street car	1 week ago
Cerebral hemorrhage NOV 5 1930	July 5,1927	Peritonitis	3 days ago
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Other contributory causes of importance:		Other contributory causes of importance:	4
Gallstones	May 1,1923	Gastroenteritis	1 year
		•	